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REPORT
101-127

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION AND RELATED AGENCIES APPROPRIATION BILL, 1990

SEPTEMBER 13 (legislative day, SEPTEMBER 6), 1989.—Ordered to be printed

Mr. HARKIN, from the Committee on Appropriations, submitted the following

REPORT

[To accompany H.R. 2990]

The Committee on Appropriations, to which was referred the bill (H.R. 2990) making appropriations for the Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 1990, and for other purposes, reports the same to the Senate with various amendments and presents herewith information relative to the changes recommended.

Amount of budget authority

Amount of House bill	$155,191,521,000
Amount of Senate bill over House bill	[1] +2,207,707,000
Total bill as reported to Senate	[1] 157,399,228,000
Amount of adjusted appropriations, 1989	142,562,262,000
Budget estimates, 1990	154,005,279,000
The bill as reported to the Senate:	
Over the adjusted appropriations for 1989	+14,836,966,000
Over the budget estimates for 1990	+3,393,949,000

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[1] Includes $2,089,853,000 for budget requests and new programs not considered by the House, but addressed by the Senate Appropriations Committee. Amounts include subsequent year advances, but exclude prior year advances.

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SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 1990, the Committee recommends total budget authority of $157,399,228,000 for the Departments of Labor, Health and Human Services, Education, and Related Agencies. Of this amount, $17,112,500,000 is for subsequent year advances. Mandatory programs amount to $112,583,334,000, or 72 percent of the total. The remaining $44,815,894,000, or 28 percent, is for discretionary appropriations, which is an increase of $2,682,763,000 over the President's budget request and $3,674,987,000 more than the enacted fiscal year 1989 level.

The Committee recommendation includes $2,089,853,000 for unauthorized programs not considered by the House, of which $889,853,000 is for expiring authorizations in the process of being renewed, and $1,200,000,000 is for new programs.

ALLOCATION CEILING

Allocation ceilings, which are based on current year budget authority and outlays, do not match the preceding bill total amounts which reflect subsequent year advances.

Consistent with Budget Committee scorekeeping, the recommendations result in discretionary outlays of $49,237,000,000, the full amount of the subcommittee's discretionary allocation pursuant to section 302(b) of the Congressional Budget Act of 1974, as printed in Senate Report 101-75. Total discretionary budget authority is $44,708,042,000, which is $378,958,000 below the $45,087,000,000 allocation ceiling; this leaves a reserve for possible new authorizations which would not result in outlays until fiscal year 1991.

HIGHLIGHTS OF THE BILL

Job training programs.—$4,000,684,000 is included for Labor Department training and employment services. This includes $500,000,000 for dislocated worker assistance, nearly double the existing funding level. The $815,424,000 recommended for the Job Corps includes more than a 10-percent increase over current funding for operating costs.

Employment of older Americans.—$370,000,000 is recommended, an increase of $26,176,000 over 1989, to help offset the impact of higher minimum wages enacted by many States. This program provides jobs for low-income persons aged 55 and over, in a variety of community service activities.

State employment security agencies.—$2,609,700,000 maintains current services for job service offices and unemployment insurance service operations; $25,000,000 is included to continue the Targeted Jobs Tax Credit Program, and $25,000,000 for automation of employment offices, for which no funds were requested by the administration.

Black lung.—$640,985,000 is included for Labor Department black lung benefit payments and administrative costs; this includes funds to restore 11 Benefits Review Board staff for elimination of the black lung claims backlog.

AIDS.—$1,592,417,000 is provided for AIDS research and treatment activities. This is $369,732,000 more than the 1989 amount, an increase of 30 percent.

Funds for the homeless.—The Committee recommendation provides $122,528,000 for homeless programs authorized under existing statute, allocated as follows:

Job training	$13,000,000
Primary Health Care Grant Program	22,230,000
Community services block grant	18,918,000
Mental health block grant	21,192,000
Substance abuse demonstrations	9,090,999
Welfare hotel demonstrations	20,000,000
Education for homeless children and youth	4,998,000
Literacy training for homeless adults	5,000,000
Exemplary grants (dissemination)	2,000,000
Total	122,528,000

Safety and health.—$271,248,000 is for the Occupational Safety and Health Administration, with most of the $23,061,000 increase targeted for direct enforcement activities.

Community and migrant health centers.—$515,500,000 is recommended, an increase of $34,492,000 over 1989.

Health professions and nursing education.—$221,330,000 is recommended, an increase of $20,118,000 or 10 percent over 1989. New funds are included for allied health professionals and rural health training.

Maternal and child health.—$564,268,000 is recommended, a $10,000,000 increase over 1989. Also included is funding for maternal and child health handbooks.

Centers for Disease Control.—$1,114,338,000 is recommended, an increase of $137,117,000 over 1989. This includes an increase of $24,154,000 for childhood immunization, and provides funding to address public health problems, including lead poisoning, Lyme disease, breast and cervical cancer, disability and injury prevention, and occupational safety and health. $452,472,000 is included for AIDS-related activities.

National Institutes of Health [NIH].—$7,713,064,000 is included for the NIH. This is $568,245,000 over the 1989 amount, and $183,667,000 over the administration's budget request.

Alzheimer's.—$151,020,548 is recommended for all activities associated with finding the cause, cure, and better treatment methods for Alzheimer's disease. This is $12,000,000 more than requested by the administration.

Mental health research.—$424,455,000 is provided for mental health research, an increase of $69,991,000 over the 1989 level and $35,345,000 above the administration request.

Drug abuse.—$974,913,000 is provided for drug treatment and prevention activities, including $815,000,000 for the alcohol, drug abuse, and mental health services block grant, and $97,856,000 for prevention activities.

Office of the Assistant Secretary for Health [OASH].—$10,000,000 is recommended for an expanded medical treatment effectiveness initiative, an increase of $4,125,000 or 70 percent over 1989. $1,500,000 is provided for rural health research at the National Center for Health Services Research.

Social Security Administration.—$3,847,389,000 is provided for administrative costs of Social Security offices, an increase of $14,000,000 over the budget request; bill language is included to impose a moratorium on further staffing cuts in fiscal year 1990.

Family Support Administration.—$14,241,666,000 is included for AFDC, child support enforcement, refugee assistance, community services and low-income home energy assistance. This is $831,420,000 over enacted fiscal year 1989 levels, and $29,776,000 over the House allowance.

Human development services.—$2,876,179,000 is recommended, an increase of $302,606,000 over fiscal year 1989. This includes an increase of $250,000,000, to expand the Head Start Program, for a total of $1,485,000,000.

Compensatory education.—$5,080,762,000 is recommended, an increase of $501,621,000 over the fiscal year 1989 level. This represents the largest increase for this program in more than a decade and will expand services to an additional 600,000 disadvantaged students. The recommendation also includes funding for the expansion of the rural technical assistance centers and the Even Start Program.

Drug-free schools and communities.—$394,000,000 is recommended, an increase of $39,500,000 above the fiscal year 1989 level. The recommendation exceeds the President's request for this program and includes funding for two new activities: innovative programs for alcohol abuse education and the National Commission on Drug-Free Schools.

Mathematics and science education.—$154,000,000 is recommended, an increase of $16,688,000 above the fiscal year 1989 level. The recommendation includes funding for a coordinated strategy between the Education Department and the National Science Foundation to enhance the quality of math and science instruction across the Nation.

Education for the handicapped.—$2,083,776,000 is recommended, an increase of $122,488,000 over fiscal year 1989. A total of $1,889,624,000 is provided for basic State grants, preschool grants, and grants for infants and families.

Vocational rehabilitation State grants.—$1,585,976,000 is provided, an increase of $100,474,000 over fiscal year 1989.

Adult literacy education.—$184,000,000 is recommended, an increase of $21,790,000 above the fiscal year 1989 level. The recommendation includes funding for a significant expansion of literacy training activities in the workplace.

Student financial assistance and guaranteed student loans.—A total of $9,922,314,000 is recommended. The recommendation includes $4,470,000,000 for the Pell Grant Program, an increase of more than $250,000,000 over the fiscal year 1989 level; $490,000,000 is recommended for the Supplemental Educational Opportunity

Grant Program [SEOG], an increase of $52,028,000 over the 1989 level. $3,826,314,000 is provided for guaranteed student loans which should support more than $13,200,000,000 in new loan volume in fiscal year 1990.

Library Services and Construction Act.—$143,612,000 is recommended, an increase of $6,412,000 above the fiscal year 1989 level. The recommendation includes funding for the expansion of the library literacy and construction programs.

Corporation for Public Broadcasting.—$340,500,000 is recommended, an increase of $41,630,000 over the previous year's level. The recommendation includes the continued funding for satellite replacement costs and an increase of $17,940,000 for grants to the Nation's public television and radio stations.

FOCUS ON WASTE, ABUSE, AND MISMANAGEMENT

Throughout fiscal year 1990 hearings, the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies focused on waste, overlap, mismanagement, and excessive spending in an attempt to eliminate unnecessary Federal spending in the agencies under its jurisdiction. The Committee believes that every dollar that it can prevent from being inappropriately spent can be well used for such programs as rural health services, biomedical research, community services block grants, and education.

Following is a discussion of the several economies recommended by the Committee for the programs under the jurisdiction of the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. These recommendations save over $192,000,000 in both budget reductions and cost avoidance.

Excessive on-the-job training under the Job Training Partnership Act [JTPA]

The Committee is concerned that significant numbers of program participants are receiving excessive on-the-job training [OJT] for employment in such low-skill occupations as dishwashers, custodians, laborers, and laundry workers. Because many contracts for OJT allowed training to exceed the time periods suggested by Department of Labor guidelines, these contracts appear to be providing excessive wage subsidies to employers. Normally, the employer is reimbursed for one-half of the participant's wages in recognition of the expenses associated with training.

According to information developed by GAO, many program participants received two to three times as many hours of OJT as the guidelines cited in the Department of Labor's "Dictionary of Occupational Titles." For many of the occupations involved, the guidelines showed suggested training times of up to 240 hours of OJT should be sufficient. GAO found that some of these participants received more than 720 hours of this type of training.

The Committee is of the belief that this type of abuse is not to be tolerated. To ensure that opportunities for excessive training of the type identified in GAO's report are minimized, the Committee has reduced JTPA block grants to the States by $27,772,000. By this reduction the Committee has no intention of reducing the number of people receiving OJT, but merely wants to ensure that inappropriate subsidies are not being paid to employers. In addition, the Committee expects the Department to more closely monitor the number of hours of OJT that program participants are provided, and to better ensure its contractors follow established training guidelines particularly those participants that are receiving low skill-type training.

Fixed unit price contracting under JTPA

The Committee has been concerned that service delivery areas have been using fixed unit price contracts in the JTPA program in order to avoid the 15-percent limitation on administrative costs imposed by current law. Information made available to the Committee suggests that there has been widespread abuse of the law in this regard. Not only does this abuse result in excessive spending on administrative costs but it diverts funds that would otherwise be available for training. The inspector general's office at the Department of Labor has informed the Committee that over $100,000,000 that should be going to the training of participants is going instead to administrative activities. The Committee directs the Department to enforce the spirit and letter of the law to curb this abuse. In order to reflect the savings that will result from this reform the Committee has reduced the administration request by $10,000,000.

Actions to improve National Institutes of Health [NIH] procurement activities

In April 1988, the inspector general noted that $26,000,000 in precious research funds were being lost each year due to inefficiency and mismanagement related to NIH's procurement activities. As a result, the Committee reduced NIH's request by $6,700,000 to reflect savings that the Committee believed NIH could achieve if it made recommended procurement reforms.

The Committee is pleased to note that NIH is in the process of implementing numerous actions that will result in larger discounts on goods that NIH purchases from vendors. In addition, efforts continue to: (1) examine staffing and salary levels for purchasing agents, (2) assess the adequacy of internal controls, and (3) improve procurement management oversight activities.

The Committee notes that the inspector general and NIH differ on the total amount of annual savings to be achieved when all of the procurement reforms related to its DELPRO system are completed. For example, the inspector general estimated savings of between $10,000,000 and $15,300,000 while the NIH estimated savings of only $6,600,000 to $9,100,000 related to the DELPRO system. By letter dated May 17, 1989, NIH stated that based on negotiations with selected suppliers that have already taken place, both NIH and the inspector general anticipate that the annual savings in fiscal year 1990 will be $3,000,000 to $5,000,000. As such, the Committee has reduced NIH's procurement budget by $4,000,000 for fiscal year 1990 to be proportionately spread among its institutes and centers. The Committee also directs the NIH to proceed at full speed in fully implementing procurement reform at NIH to include efforts to streamline NIH's personnel practices related to this reform.

NIH—efficiencies from reorganization

The Committee has learned that the NIH is proposing to merge the Division of Research Resources [DRR] with the Division of Research Services, an intramural resource component of the NIH. The Committee does not oppose this consolidation but has not been convinced of any strong rationale for it. Typically, in consolidations of this nature, reductions in FTE positions are possible due to the consolidation of like functions. These savings and additional efficiencies have not been specifically identified, although the Committee is aware that budget, personnel, and other administrative offices are to be merged. The Committee, therefore, requests a report due by the end of January 1990 on the savings and efficiencies that will result from this consolidation. The Committee has reduced the DRR budget by $500,000 to reflect these savings.

Expanded inspector general programs

The Committee is extremely supportive of the work being performed by the Offices of Inspector General to identify program abuses and mismanagement and, as such, has recommended increases for several of the inspector general operations.

Department of Health and Human Services.—The Committee is concerned that the Social Security and Medicare programs, which account for almost 90 percent of the Department's budget, are vulnerable to waste, abuse, and fraud. The Committee is very supportive of the efforts of the Office of Inspector General [OIG] to review and oversee Federal spending in these programs and other Department programs to ensure that Federal dollars are not spent inappropriately.

The Committee is greatly concerned about inappropriate pricing and abusive marketing practices for durable medical equipment under Medicare. The Committee is aware that for the seat lift chair alone in excess of $60,000,000 of medically unnecessary spending occurred annually in recent years. Another example relates to TENS units which cost $89 to manufacture but which Medicare reimburses at an annual rental rate of $1,020 and at a rate of $380 for purchase. The Committee directs the HHS inspector general to increase its efforts to identify and eliminate such abusive practices.

The Committee has provided an additional $1,020,000 over the requested amount for the OIG. This will provide an increase of 22 inspectors. It is expected this increase will result in approximately $147,000,000 in greater savings through additional enforcement and oversight measures.

Department of Education.—The Committee has provided an increase of $1,381,000 for the Education Department Office of the Inspector General. Increased funds will be used primarily to enhance investigations into systematic vulnerabilities in the student aid programs involving postsecondary institutions, especially proprietary schools.

The Committee continues to be concerned about the continuing high student loan default rate which will cost the taxpayers $1,900,000,000 in 1990. These additional resources should be focused on reviews of schools with high default rates focusing on such issues as the extent to which: (1) vocational school training results in gainful employment, (2) the ability-to-benefit provision of current law is abused resulting in unqualified individuals receiving student financial assistance, and (3) schools are using commissioned salespersons to promote loan activity and are engaged in other abusive, misleading, or illegal recruiting practices. Expenditures of the Department of Education's inspector general generally return $9 for every $1 spent in terms of cost avoidance and recoveries.

Railroad Retirement Board.—The Committee has provided an increase of $150,000 and five FTE's for the Office of Inspector General, Railroad Retirement Board, for investigation activities with regard to the Medicare contract and the Railroad Retirement Board Medicare Program. Despite the fact that over $623,000,000 in Medicare payments will be made in fiscal year 1989 alone to railroad retirees and the disabled, there has not been an audit of the Medicare program since the initiation of the Medicare contract between the carrier and the Board in 1968. Payments to practitioners and claims processing are highly vulnerable to abuse. The $150,000 will carry forward the moneys provided to the inspector general in the fiscal year 1989 supplemental and allow for continued efforts to detect fraud and abuse in the Medicare program.

The following table provides a summary of the budget savings and cost avoidance measures recommended by the Committee:

Savings recommended by the Committee

On-the-job-training—JTPA	$27,772,000
Fixed unit priced contracting—JTPA	10,000,000
NIH procurement activities	4,000,000
NIH reorganization efficiencies	500,000
Inspector general office expansion	[1] 150,000,000
Total	192,272,000

[1] Savings net of program costs.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

PROGRAM ADMINISTRATION

Appropriations, 1989	$70,952,000
Budget estimate, 1990	63,193,000
House allowance	63,193,000
Committee recommendation	66,193,000

The Committee recommends an appropriation from the general fund of the Treasury of $66,193,000 for program administration, which is $3,000,000 over both the administration request and the House allowance. The recommendation is $4,759,000 less than the fiscal year 1989 comparable appropriation.

The Committee also recommends a trust fund limitation, for fiscal year 1990, of $53,817,000, the amount of both the administration request and the House allowance, and $5,497,000 more than the fiscal year 1989 comparable limitation of $48,320,000.

The recommendation also provides for 1,753 full-time equivalent staff, the amount of the request and the House allowance, and the same as the comparable amount for 1989.

Of the total amount recommended, the general revenue portion of the request provides for the Federal staff costs of the Employment and Training Administration for the direction and operation of the employment and training programs authorized under the Job Training Partnership Act as amended; the Older Americans Act of 1965, as amended; the Trade Act of 1974, as amended; and the National Apprenticeship Act of 1937. The unemployment trust fund provides for Federal staff costs related to the Federal administration of the employment security functions under title III of the Social Security Act of 1935, as amended, and the Immigration and Nationality Act, as amended. Federal staff costs for activities related to employment service functions under the Wagner-Peyser Act, as amended, are split 97 percent to 3 percent respectively, between unemployment trust funds and general revenues.

The administration request includes built-in increases of $2,531,000 for pay, promotion, retirement, change of station moves, and workmen's compensation costs, as well as nonpersonnel costs such as rent, travel, and support services.

Program changes include increases totaling $1,212,000 for 20 additional FTE's for job training programs, Job Corps activities, and for strategic policy and planning activities. Program decreases total $6,005,000 and include a reduction of 20 FTE's for trade activities and regional staffing, plus reductions for unemployment insurance research and training contracts, lower ADP costs, budgetary constraint purposes, and as a result of completion of one-time 1989 contracts for the Immigration Control and Reform Act.

The Committee commends the Department for its Apprenticeship 2000 initiative which focuses on basic issues relating to the appropriate role of apprenticeship and its place in developing the Nation's future work force. An additional $3,000,000 above the President's request has been included in Apprenticeship Services, for activities related to expansion of the apprenticeship concept of training to nontraditional occupations applicants.

The Committee expects the Department to use these funds to support a series of pilot and demonstration projects including research, evaluation, and oversight testing the feasibility of applying the apprenticeship concept of training to a disadvantaged and discouraged youth population as a vehicle to enhance literacy, job readiness transitions from school-based learning to work-based learning, and as a transition to meaningful career opportunities.

Funds shall be utilized to support training, technical assistance, research, evaluation, pilots, and demonstration. In addition, funds may be used for activities related to these demonstration projects. These include, but are not limited to, two to three additional professional staff and costs associated with the development and monitoring of projects.

The Department shall provide the Committee with a report on how these funds are to be utilized within 3 months of enactment, and progress reports on the demonstrations at 6 month intervals.

The Committee has noted with special interest the California Firefighter Joint Apprenticeship Program, which appears to meet the goals of the Bureau of Apprenticeship and Training's legislative mandate to promote and expand the apprenticeship concept of training. Inasmuch as this program provides for expansion of an apprenticeship concept of training on a national scale; provides for additional training in occupations where training is considered critical; appears to be consistent with general goals of Apprenticeship 2000 (to expand apprenticeship in nontraditional areas and in demand occupations); and appears to be an efficient way to expand a public sector program with little Federal budget impact, the Committee recommends that the Department of Labor initiate a demonstration project within existing funds based on the California Firefighter Joint Apprenticeship Program.

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 1989	$3,737,817,000
Budget estimate, 1990	3,861,316,000
House allowance	3,976,486,000
Committee recommendation	4,000,684,000

The Committee recommends an appropriation of $4,000,684,000 for training and employment services. This is $139,368,000 over the administration request and an increase of $262,867,000 above the 1989 appropriation.

This account is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services as primarily authorized by the Job Training Partnership Act. This appropriation is forward funded on a July to June cycle. Funds provided for fiscal year 1990 will support the program from July 1, 1990, through June 30, 1991. Overall, despite its defects, this program has been successful, and merits continued support as the Federal Government's premier job training activity, involving effective private/public sector cooperation.

Block grant.—The Block Grant Program gives Governors primary responsibility for an array of job training and employment services in their States. The private sector has an important role in oversight, planning, and decisionmaking, as well as operation of programs at the local level. As required by law, at least 70 percent of the funds must be used for skill training. The $1,750,000,000 recommendation is $37,772,000 below the budget request and the 1989 level. This will provide approximately 393,700 average enrollments during program year 1990, about the same level supported in 1989.

The Committee is concerned that significant numbers of program participants are receiving excessive on-the-job training [OJT] for employment in such low-skill occupations as dishwashers, custodians, laborers, and laundry workers. Because many contracts for OJT allowed training to exceed the time periods suggested by Department of Labor guidelines, these contracts appear to be providing excessive wage subsidies to employers. Normally, the employer is reimbursed for one-half of the participant's wages in recognition of the expenses associated with training.

According to information developed by the General Accounting Office, many program participants received two to three times as many hours of OJT as the guidelines cited in the Department of Labor's "Dictionary of Occupational Titles." For many of the occupations involved, the guidelines showed suggested training times of up to 240 hours of on-the-job training should be sufficient. GAO found that some of these participants received more than 720 hours of this type of training.

The Committee is of the belief that this type of abuse is not to be tolerated. To ensure that opportunities for excessive training of the type identified in GAO's report is minimized, the Committee has reduced JTPA block grants to the States by $27,772,000. By this reduction the Committee has no intention of reducing the number of people receiving OJT, but merely wants to ensure that inappropriate subsidies are not being paid to project sponsors. In addition, the Committee expects the Department to more closely monitor the number of hours of OJT that program participants are provided, particularly those participants that are receiving low skill type training.

The Committee has also reduced the block grant by $10,000,000, as described in the overview section of this report, on the expectation that administrative savings will be achieved by reform of fixed unit price contracting under the Job Training Partnership Act.

Summer youth employment and training.—The Summer Youth Employment and Training Program provides jobs for economically disadvantaged youth during the summer months. The Committee recommendation is $709,433,000, the same as the budget request and the 1989 appropriation. This will provide approximately 652,300 opportunities during the summer of calendar 1991, the same level as in calendar 1990.

Dislocated workers.—The Economic Dislocation and Worker Adjustment Assistance Act authorized a new JTPA program of assistance to dislocated workers. The new program, which became operational in 1989, includes components to promote early identification of dislocated workers, the rapid provision of services to such workers, and emphasizes the provision of longer term, better quality training to them. The Committee recommends $500,000,000 for the effort, $50,000,000 more than the House allowance and $100,000,000 more than the budget request and an increase of $216,227,000 above 1989. An estimated 140,700 average enrollments are expected to be provided in 1990. However, providing more intensive services, as mandated by the new authorizing legislation, may increase average unit costs over current estimates.

The Omnibus Trade Act authorized a demonstration fund for not less than 10 percent of the funds appropriated to Federal administration. One demonstration is to test new ways to assist farmers who have lost employment due to unfair trade practices. Another demonstration is to establish new job opportunities for those who have lost jobs because of unfair competition. Therefore, the Committee directs that funds appropriated to section 324(a) of the act be used to implement the dislocated farmer and the job creation demonstration programs. In implementing the job creation demonstration program, the Committee expects the Department of Labor to work in close consultation with the Office of Community Services within the Department of Health and Human Services and to carry out a program that may be used by nonprofit community development corporations. The Committee expects the Labor Department to give priority consideration to funding projects in rural areas in States such as Iowa which have particular needs for both dislocated farmer assistance and job creation demonstration projects.

The Committee directs the Labor Department to fund a public works demonstration program, a component of the demonstration fund authorized under the Omnibus Trade Act, and recommends that a demonstration project be conducted in Alexander County in southern Illinois.

Native Americans.—These programs are designed to improve the economic well-being of disadvantaged native Americans (Indians, Eskimos, Aleuts, and native Hawaiians) through vocational training, work experience, and other services aimed at getting participants into permanent unsubsidized jobs. The Committee recommends $58,996,000 for these purposes, which is the same level as the budget request and 1989 appropriation.

Migrant and seasonal farmworkers.—Programs for migrant and seasonal farmworkers are aimed at alleviating chronic unemployment and underemployment being experienced by farmworker families. Training and employability development services prepare farmworkers for stable, year-round employment, both in and outside the agricultural industry. Supportive services such as health care and day care are also provided. The Committee recommends $71,282,000 for these purposes, an increase of $2,742,000 above the fiscal year 1989 appropriation, and an increase of $14,073,000 over the fiscal year 1990 budget request.

This increase is needed to assist the Department in meeting the additional demand for training services including services to agricultural workers who recently have become eligible for the program as a result of the Immigration Reform and Control Act. It is estimated that this newly eligible population will triple the number of individuals nationally who may seek assistance under this program. Eligible population increases in highly impacted States, such as Oregon, are expected to exceed 400 percent. The Department has attempted to address this imbalance by allocating by formula a significant portion of increased funding based upon the number of newly eligible agricultural workers in each State.

The Department currently is in the second year of a 2-year agreement with the Association of Farmworker Opportunity Programs to provide essential data regarding the changing needs of farmworkers and their families and the effectiveness of services provided to them under the program. The Committee urges the Department to continue the collection of this data and further recommends that the Department utilize available funds under section 455 of JTPA to provide necessary technical assistance to section 402 grantees.

The Committee expects the Department to continue funding the Farmworker Housing Program at a level no less than that in effect for program year 1989.

Job Corps.—The Job Corps provides severely disadvantaged youth, aged 16 to 21, with basic education, vocational training, job placement, medical support, and other services in a primarily residential setting. The Committee recommendation provides $815,424,000, an increase of $53,800,000 over the budget request, $4,961,000 over the House allowance, and an increase of $73,599,000 above the 1989 appropriation. The allowance will support 40,544 slots in the regular program.

The Committee recommendation includes $3,000,000 for Job Corps child care services, compared to the $1,500,000 budget request, and rejects the $2,000,000 for severance costs of Federal employees of the Departments of Agriculture and Interior. Bill language has been included to prohibit the contracting out of civilian conservation centers. The Committee has also rejected the requested decrease of $8,000,000 related to a legislative proposal of the administration which has not been enacted, to increase the statutory nonresidential maximum from 10 percent to 20 percent and allow the conversion of 4,050 slots to a nonresidential status. The Committee recommendation is intended to restore the proposed elimination of successful Job Corps II demonstration projects, and help meet the shortfall in program year 1989 operations funding, as well as higher than anticipated program year 1990 costs.

The Committee directs the Secretary to utilize a portion of the increase provided for Job Corps activities to renovate a building at the Denison, IA, center, as well as provide operational funding for a residential child care solo parent program to be established at this facility. Accordingly, the Committee has recommended a $1,000,000 increase over the House allowance for Job Corps renovation projects. Within the $50,432,000 recommended for capital, construction, and renovation activities, the Committee concurs with the House addition of $15,000,000 over the budget request for Job Corps relocation needs.

The Committee directs that $13,000,000 provided to mitigate the program year 1989 shortfall be allocated to the Job Corps centers from which reductions have been made as a result of the shortfall.

The Committee urges the Job Corps Program to augment substance abuse counseling, and every effort should be made to take advantage of education and prevention programs funded elsewhere in this bill to strengthen services to enrollees.

The Committee is pleased that the Labor Department has announced the opening of six new Job Corps centers previously mandated by Congress, and expects the Department to expedite steps necessary to make these new centers fully operational. No existing residential or nonresidential Job Corps facilities should be closed, unless they fail to meet minimum performance standards.

For fiscal years 1988 and 1989, Congress appropriated $48,000,000 for the acquisition, rehabilitation, and construction of six new Job Corps centers. The Department of Labor was instructed to give priority consideration to States which did not currently have Job Corps centers. The Committee strongly supports the continued expansion of the Job Corps and directs that any savings available after construction of the six new centers be used to open additional centers. In selecting additional sites, priority consideration should be given to those previously submitted applications which exhibited strong linkages with other employment and training programs, but which may not have been selected because existing facilities were not available to house a center; to States in which there is presently no Job Corps center and to States which have demonstrated strong State and local support for additional Job Corps centers.

The Committee has included $500,000 with its Job Corps recommendation to provide materials to be used for Job Corps project involvement in the 1990 Goodwill Games.

The Committee has also included a general provision transferring excess Job Corps property from the Labor Department to the Northwest Oregon Housing Authority.

Veterans employment.—The Committee provides $9,474,000 for special veterans employment programs. This is the same amount as the House allowance and the budget request level. These funds provide special employment and training programs designed to meet the unique needs of disabled, Vietnam-era, and recently separated veterans.

National activities.—These programs provide employment and training assistance to special target populations, such as offenders, handicapped individuals, and older workers. These funds are also used to support research and development, evaluation, labor market information, and training and technical assistance. Contracts with groups such as labor unions and community-based organizations are awarded at the discretion of the Secretary.

The Committee provides $73,075,000 for these national programs, an increase of $9,267,000 over the budget request, and an increase of $4,500,000 over 1989.

The recommendation includes: $31,520,000 for pilots and demonstrations; $15,929,000 for research and evaluation; $5,434,000 for labor market information; $3,000,000 for rural-concentrated employment programs; $6,692,000 for training and technical assistance; $5,000,000 for the National Occupational Information Coordinating Committee; and $2,000,000 for the National Commission for Employment Policy. It also includes $3,500,000 to continue the Samoan employment and training initiative based on the Department's 1984 report to Congress which concluded that Samoans have long experienced disproportionate unemployment rates resulting primarily from language and cultural barriers. Of the total, $2,000,000 is for the State of Hawaii, $1,000,000 is for California and $500,000 is for Washington, as the vast majority of Samoans reside in these States. The State of Hawaii is to be commended for its innovative initiatives to provide targeted and coordinated job training services to Samoans and other Pacific Islander and Asian immigrants. The pressing needs of these populations must be considered a joint State and Federal responsibility. Accordingly, the Committee directs the Department to work with the State of Hawaii to continue its fiscal year 1989 programs serving Samoans and other Pacific islander and Asian immigrants, and further that the Department shall ensure that the funds deemed necessary for administration and job training services coordination for Hawaii's program shall be released.

The Committee recommendation of $15,929,000 for research and demonstration activities reflects a net reduction of $2,500,000 below the budget request, but is $2,500,000 over the enacted program year 1989 level. The Committee has disallowed $5,000,000 requested for a new evaluation of the Job Corps, seeing little reason to fund another expensive study of this highly successful program. Instead, $2,500,000 has been retained for other high-priority research and demonstration activities, and the remaining savings applied to the Committee's recommended increase in direct Job Corps operations, such as child care.

Within the amount recommended for research and demonstration activities, the Committee directs the Department to earmark up to $2,500,000 to: (1) develop a methodology to annually identify national labor shortages; (2) within 18 months, publish a list of national labor shortages, including appropriate descriptive information; (3) also within 18 months, prepare an annual plan that specifies action to be taken by the Secretary to reduce the shortages identified, and makes recommendations for other agencies and organizations; and (4) conduct research to seek means of identifying shortages at the regional, State, and local levels.

Since the condition of the Nation's work force is going to remain vitally important to the country's economic future, a well-trained group of professionals will be needed to help decisionmakers assess that work force. The Committee, therefore, encourages the Employment and Training Administration to revive its doctoral dissertation grant program, which from 1968 to 1984 produced more than 500 Ph.D. dissertations on various aspects of labor market performance and policy and helped some of the most respected labor market researchers begin their distinguished careers.

The Committee recommends that the Secretary consider funding of a national welfare to employment demonstration project, in a county with successful experience in developing such a program, that would encompass support services such as child care, transportation and housing, as well as education and training. Such a project would also include community college linkages, employer mentors, and hands-on involvement in operations and evaluation by the private sector.

The Committee recommends that up to $75,000 be made available to assist the municipality of Anchorage Alaska in providing employment and training assistance to target populations. A portion of the funds would be used to expand computer training and child development training for senior citizens over the age of 55. The remaining funds are being provided to assess how Alaska Natives adjust to urban living, and to establish a pilot alternative school program to address the high drop-out rate of Alaska Native youth living in Anchorage. The Committee expects the pilot program to become an integral part of existing community-based programs designed to reduce alcohol and drug abuse, violence, and suicide among Alaska Native youth.

The Committee recommends that up to $750,000 be made available to support the Indian Resource Consortium located at New Mexico State University for the purpose of developing an effective method of delivering training education, technical assistance and applied research to Indian tribes through the colleges and universities in the Southwestern United States.

The Committee recommends that up to $1,000,000 be made available for community-based family farm assistance programs, which provide debt management training, self-employment training, education and skill training, technical assistance, and support. Project awards are anticipated to average $300,000 per year for 3 to 5 years. Specifically, the Committee recommends that up to $300,000 be made available to Iowa Comprehensive Human Services, a community-based organization with established success in the provision of debt management training and related services for distressed farm families.

The Committee strongly urges the Secretary to give special attention to programs which aid dislocated workers in the declining wood products industry in the Pacific Northwest.

Homeless job training.—This program, authorized by the Stewart B. McKinney Homeless Assistance Act, provides job training demonstrations projects for the homeless and veterans reintegration services. The Committee recommends $13,000,000 for this program, the same level as the budget request, and an increase of $3,614,000 above 1989.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 1989	$343,824,000
Budget estimate, 1990	336,000,000
House allowance	354,000,000
Committee recommendation	370,000,000

The Committee has included $370,000,000 for the community service employment service for older Americans, an increase of $34,000,000 over the 1990 budget request, $16,000,000 over the House amount, and an increase of $26,176,000 above the 1989 level. Many States have already raised the minimum wage above the federally mandated level, and this increase will help offset the impact of resulting higher costs, and, if possible, serve a larger percentage of the eligible population.

This program, authorized by title V of the Older Americans Act, provides part-time employment in community service activities for unemployed, low-income persons aged 55 and older. The program is forward funded from July to June, and the 1990 appropriation will support the effort from July 1, 1990, through June 30, 1991.

Title V has amply demonstrated the valuable contribution that older workers can make in their communities. The Committee reaffirms its strong support for this effective program and encourages efforts to obtain greater minority participation. It is the intent of the Committee that the current sponsors continue to build upon their past accomplishments and it is further expected that the Department of Labor will maintain substantially the existing status and method of operations so as to assure minimal disruption of this successful program.

The Committee has appropriated 78 percent of the funds for national sponsors with the remaining 22 percent going to the States. The Committee believes that the national sponsors have done an exemplary job of operating this program.

The Committee encourages service delivery areas under the Job Training Partnership Act to make greater use of national sponsors under the community service employment program for older Americans as a means for enrolling more economically disadvantaged persons age 55 or older in training programs. Service delivery areas should continue to utilize State and area agencies on aging and increase their involvement in job training programs.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 1989	$272,518,000
Budget estimate, 1990	284,000,000
House allowance	284,000,000
Committee recommendation	284,000,000

The Committee recommends an appropriation of $284,000,000 for this account, the amount of the administration request and the House allowance and $11,482,000 more than the 1989 appropriation.

These funds provide for the payment of trade adjustment assistance benefits, training, and allowances to workers adversely affected by increased imports. The amounts recommended are $204,000,000, for unemployment benefits, and $80,000,000 for training and allowances. These amounts are those requested by the administration and approved by the House. The changes from the comparable 1989 fiscal year level reflect anticipated economic and workload conditions and are considered built-in for budgetary purposes.

Funds for trade training, included in this account, were formerly included in the "Training and employment services" account, but are being consolidated for budgetary purposes.

In fiscal year 1989, funds were provided for the Redwood Employee Protection Program in this account. No funds were specifically requested or recommended for fiscal year 1990, as the program expires on September 30, 1989. However, certain pension and health benefit payments, as provided by the Redwood National Park Expansion Act, as needed, may be paid in 1990 from any funds available to this account.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 1989	$22,559,000
Budget estimate, 1990	22,000,000
House allowance	22,000,000
Committee recommendation	22,000,000

The Committee recommends a Federal fund appropriation of $22,000,000 for State unemployment insurance and employment service operations, the same as both the administration request and the House allowance. The balance of the funding for this account is derived from the "Employment Security Administration" account of the unemployment trust fund. The Committee recommends that a trust fund limitation of $2,587,700,000 be provided, which is $147,600,000 over the administration request, and $137,744,000 over the enacted fiscal year 1989 level.

This appropriation recommendation provides funding to State employment security agencies for the administration of Federal and State compensation laws and local public employment offices. In addition, the recommendation includes a contingency fund to meet increases in the costs of administering the unemployment insurance portion of these employment security operations.

The Committee recommendation for the employment service totals $884,300,000, and consists of $22,000,000 in Federal funds and $862,300,000 in trust funds.

The amount provided for the employment service includes an inflationary increase over the fiscal year 1989 enacted level for State grants. These grants are distributed to the States by a demographically based formula enacted as part of the 1982 amendments to the Wagner-Peyser Act. They provide funding for State public employment services such as job counseling, testing, and referral to employers.

The Committee is concerned that the reduced level of employment service [ES] staff is adversely affecting the ability of our Nation's labor exchange system to adequately serve job seekers and employers. The 1981 staffing level of approximately 29,000 has declined to less than 18,000 in 1989.

There will need to be a multiyear plan to rebuild ES efficiency and effectiveness. For fiscal year 1990, the Committee recommends that the allotments to States portion of the ES appropriation be increased to $789,700,000 from the fiscal year 1989 appropriated level of $763,752,000. This is in addition to funding for national activities which generally augment State resources, including a new initiative to improve ES automation described later in this report. The Committee views both investments, in staff and technology, to be critical factors in maximizing the ability of this economic institution to better serve local labor markets.

The balance of the funds provided for the employment service, $94,600,000, of which $1,200,000 is Federal funds and $93,400,000 is trust funds, is for national activities. The Committee recommendation includes the $44,600,000 administration request and House allowance, to cover increases for inflation, immigration workload, and other costs, such as field centers, and test development. National activities also includes funding for the amortization of retirement plans for States which had independent retirement plans in their State employment service agencies prior to 1980. These amortization funds were previously drawn from the unemployment contingency fund, but the Committee has shifted funding to the employment service area as it is more appropriate.

To continue the Targeted Jobs Tax Credit Program in fiscal year 1990, $25,000,000 is recommended, for which no funds were included in the budget request. The House deferred consideration of this program due to lack of renewed authorizing legislation.

The Committee has included $25,000,000 within the national activities portion of the employment service appropriation, as an initial investment toward fully automating the public employment service. Bill language specifies that these funds are available for awards as of October 1, 1990 (3 months after the beginning of the employment service 1990 program year), allowing sufficient time for proper planning. The Committee supports efforts to automate the service, to bring a far greater number of jobseekers and potential employers together in an efficient and timely manner. State employment service agencies now show widely varying stages of readiness in computerizing their job matching and labor market information systems. The Committee expects the U.S. employment service to work closely with the State agencies, as represented by the Interstate Conference of Employment Security Agencies [ICESA] in the allocation of these funds. While full automation will take time, the investment needs to begin. The Committee believes that those States which are less automated should be served first in this process.

For the unemployment insurance service, the Committee recommends a total of $1,725,400,000 in trust funds for the unemployment insurance service, the amount of the request and the House allowance, and $70,402,000 more than the comparable 1989 level.

Of the amounts provided for unemployment insurance services, $1,274,935,000 is recommended for State operations. These funds are given as administrative grants to the States to pay for the administration of unemployment compensation to workers, and to collect State unemployment taxes from employers. Included in this amount is $19,148,000 for State unemployment insurance automation activities as requested, the same amount as provided for 1989. Bill language specifies these automation funds are available for obligation April 1, 1990, allowing sufficient time for planning and selection of grants. In addition, $250,997,000 is provided for State integrity activities, the amount of both the request and the House allowance and $535,000 less than 1989. These funds are to be used for quality control, to assess and reduce errors in the collection of State taxes, and payment of benefits. The Committee has, further, provided $6,000,000 for national activities, which cover interstate or multistate operations. This amount is also the amount requested and the amount of the House allowance, but $4,029,000 less than 1989. This 1990 reduction reflects reduced needs for unemployment insurance reform and quality control data processing equipment.

The Committee recommendation for the unemployment insurance service provides for built-in increases of $54,506,000 for inflation and $33,000,000 for increased contingency fund costs. Built-in decreases consist of $65,940,000 for decreased workload, and $3,864,000 due to automation productivity. Major program changes include increases of $44,237,000 for State salary costs, $18,909,000 for increased postage costs, and program decreases totaling $10,676,000, for quality control savings and decreased equipment needs.

The balance of the recommendation for the unemployment insurance service is $193,468,000 for the contingency fund, the amount of both the request and the House allowance, and $40,843,000 more than the comparable 1989 amount. The fund covers the cost of changes which may occur in State unemployment law, in unemployment claims, and in State salary rates.

The Committee is aware that there is concern about the base staff level for unemployment insurance, which has been reduced as the number of claims for unemployment benefits has declined in recent years. The Committee directs the Department of Labor to examine this issue and provide to the Committee a report by June 30, 1990, with its findings and any proposed changes in allocation strategies which recognize the needs of all States to maintain a core of trained professional staff to administer the program. Particular emphasis should be given to the needs of States which have fewer options in the face of declining workload and severe reductions in Federal funding.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 1989	$124,000,000
Budget estimate, 1990	33,000,000
House allowance	33,000,000
Committee recommendation	33,000,000

The Committee recommends an appropriation of $33,000,000 for advances to the unemployment trust fund and other funds. This is the amount of the administration request and the House allowance, and is $91,000,000 less than the comparable amount for 1989.

This appropriation provides Federal funds necessary to make required payments for unemployment compensation, black lung, and other benefits, whenever the fund balances in those accounts prove insufficient to make payments which are mandatory under the law.

The entire amount, of the $33,000,000 estimated necessary for 1990, will be for advances to the black lung disability trust fund, so that mandatory black lung disability payments can be made. The requested amount is required both to ensure an adequate cash flow for the black lung disability trust fund, and to cover any shortfall in coal taxes.

In fiscal year 1990, should the need for advances arise in any of the other accounts eligible to receive them, due to unanticipated changes in the economic situation, advances will be made to the extent funds are available.

LABOR-MANAGEMENT SERVICES

Appropriations, 1989	$72,279,000
Budget estimate, 1990	75,207,000
House allowance	75,207,000
Committee recommendation	75,207,000

The Committee recommends an appropriation of $75,207,000 and 1,000 full-time equivalent positions for Labor-Management Services. This recommended appropriation is the same as the House allowance and the budget request. The Committee's recommendation is $2,928,000 more than the fiscal year 1989 appropriation.

The Department of Labor will use these funds and staff resources to carry out its responsibilities under the Employee Retirement Income Security Act, the Federal Employees' Retirement System Act, and the Labor-Management Reporting and Disclosure Act. It will also use funds to insure that fair and equitable protective arrangements are afforded employees affected by transportation and other Federal assistance programs, and to encourage voluntary, cooperative labor-management programs.

The labor-management services appropriation is composed of the following organizations: Bureau of Labor-Management Relations and Cooperative Programs, Office of Labor-Management Standards, and Pension and Welfare Benefits Administration. Bureau of Labor-Management Relations and Cooperative Programs supports high priority labor relations functions designed to encourage labor-management cooperation for continued enhancement of productivity and improved competitive posture of the United States. Office of Labor-Management Standards combats serious violations of the Labor-Management Reporting and Disclosure Act and related acts covering public employee unions which interfere with democratic procedures within labor organizations. Pension and Welfare Benefits Administration is responsible for the enforcement of the Employee Retirement and Income Security Act in both civil and criminal areas, as well as enforcement of sections 8477 and 8478 of the Federal Employees' Retirement System Act.

This level includes a net program increase totaling $1,247,000 and a built-in increase of $1,681,000. The Committee recommends a total of $6,400,000 for operating costs of the Employee Retirement Income Security Act automated data base, to be available until September 30, 1991. These costs are associated with Pension and Welfare Benefits Administration's reimbursement of the Internal Revenue Service for data entry and editing, which is partially offset by the program decrease of $4,940,000 for one-time start up costs of the automated Employee Retirement Income Security Act data system. Mandatory increases are included for within-grade increases, increased costs of personnel benefits, travel, space rental, working capital fund, contracts, printing, supplies, and equipment. A reduction of 17 FTE's is included, reflecting the increased use of contractual services by Pension and Welfare Benefits Administration and Office of Labor-Management Standards.

The Committee is concerned with the inordinate amount of time spent by the Department of Labor in providing the necessary certification under section 13(c) of the Urban Mass Transportation Act, as amended, for the receipt of Federal assistance by the city of

Boise, ID. The Committee is particularly troubled by the fact that after extensive discussions and a determination by the Department of Labor of specific provisions to be included in the city's 13(c) arrangement, these provisions were permitted to be challenged and subject to further negotiations in the subsequent budget cycle. It is the Committee's position that once the Department has issued a determination on a specific 13(c) issue or provision, following negotiation by the parties and a full airing of their positions, it should not be subject to repeated objection in the succeeding budget cycle. Accordingly, in the Committee's view the Department should not revisit issues just recently decided, absent significant legal error in its determination. Such revisiting results in unnecessary delays in the receipt of needed Federal assistance for transit operations. Both parties should, however, remain able to challenge a departmental decision where significant legal error on a substantive point of law exists.

PENSION BENEFIT GUARANTY CORPORATION

Appropriations, 1989	($69,834,000)
Budget estimate, 1990	(70,354,000)
House allowance	(70,354,000)
Committee recommendation	(70,354,000)

This is a wholly owned Government Corporation that was established by the Employee Retirement Income Security Act of 1974. The law places it within the Department of Labor and makes the Secretary of Labor the chairman of its board of directors. The Corporation is self-financing and receives its income primarily from insurance premiums collected from covered pension plans, collections of employer liabilities imposed by the act, and investment earnings. It is also authorized to borrow up to $100,000,000 from the Treasury. The primary purpose of the Corporation is to guarantee the payment of pension plan benefits to participants in the event that covered plans fail or go out of existence.

The Corporation's budget program for 1990 includes benefit payments of $795,844,000, multiemployer financial assistance of $1,800,000, an administrative expenses limitation of $42,301,000 and nonlimitation expenses, in other contractual services, of $28,053,000. In the administrative expenses activity, the recommendation provides for 546 full-time equivalent staff, and a net increase of $1,564,000 from the 1989 amount.

The Committee has approved the requested program increases of $420,000 to provide an increase in contract costs; $100,000 for a cost benefit evaluation of in-house versus off-site benefit check processing; $200,000 to acquire technical assistance to review and improve ADP systems for effectiveness and response time; and $163,000 for an increase in contractor support area for central filing operations, participant communications, and word processing support. An increase of $861,000 for built-in items such as within-grade promotions and increased costs of working capital fund, rent, and contractual services is also provided.

The Committee has also approved the requested program decrease of $180,000 related to one-time costs for contract needs. The bill provides for a net decrease of $1,044,000 in the other contractual services activity, which is nonlimitation, to reflect the most recent estimates of contractual services in connection with the termination of pension plans.

EMPLOYMENT STANDARDS ADMINISTRATION

Appropriations, 1989	$212,561,000
Budget estimate, 1990	218,322,000
House allowance	218,322,000
Committee recommendation	218,322,000

The Committee recommends an appropriation of $218,322,000 for the Employment Standards Administration, the same as the administration request. The recommendation is $5,761,000 more than the fiscal year 1989 appropriation and the same as the House allowance.

The recommendation also includes authority to expend $1,019,000, the amount of the budget request and House allowance, from the special fund established by the Longshore and Harbor Workers' Compensation Act.

The Committee has approved 4,049 full-time equivalent positions for this agency, a net decrease of 52 from the comparable number in 1989. This number includes positions that are financed by a transfer of $28,640,000 from the black lung disability trust fund.

The Employment Standards Administration administers employment standards programs under several laws including the Fair Labor Standards Act, the Immigration Reform and Control Act of 1986, the Employee Polygraph Protection Act of 1988, the Migrant and Seasonal Agricultural Workers' Protection Act, the Davis-Bacon Act, the Federal Employees' Compensation Act, the Longshore and Harbor Workers' Compensation Act, and the Federal Rehabilitation Mine Safety and Health Act (black lung); and assures nondiscrimination and affirmative action for minorities, women, veterans, and handicapped workers by administering Executive Order 11246, as amended, affirmative action provisions of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974.

The recommendation reflects program increases totaling $2,362,000. The Wage and Hour Division is provided a program increase of $939,000 and 30 FTE's for increased homeworker enforcement. An increase of $600,000 is provided for additional permanent change of station moves to fill managerial vacancies resulting from an unusually large number of anticipated retirements. Authority to expend an additional $480,000 from the special fund is included to improve the administration of the fund.

The Committee has approved both increases and decreases in the Black Lung Program. A reduction of 30 FTE's and $910,000 is approved reflecting a decreased workload and a declining beneficiary population. In order to ensure claimant service, increases of $300,000 are provided for toll-free telephone lines providing direct access to district offices and $43,000 for additional claims intake workload at Social Security Administration offices. The Committee understands, however, that there will be no black lung field office closings in West Virginia.

The recommendation also includes built-in increases over the current fiscal year to cover within-grade increases and career ladder promotions, increased costs for travel, space rental, supplies, equipment, contract services, and the working capital fund.

The Committee's recommendation includes a reduction of 52 FTE's to reflect contracting out some specific support functions and a program reduction of $1,025,000 due to budgetary constraints. Also included are built-in decreases of $2,598,000, including $1,709,000 for one-time costs for contracts and equipment, $228,000 for decreased costs for ADP, and $661,000 due to decreased costs of other administrative support items.

SPECIAL BENEFITS

Appropriations, 1989	$255,000,000
Budget estimate, 1990	255,000,000
House allowance	255,000,000
Committee recommendation	255,000,000

The Committee concurs with the budget request of $255,000,000 for special benefits. The recommendation is the same as the fiscal year 1989 appropriation and the same as the House allowance.

The account provides funding necessary to meet required payments for compensation, medical costs, vocational rehabilitation, and other benefits to those individuals eligible for assistance under the Federal Employees' and Longshore and Harbor Workers' Compensation Acts.

The $255,000,000 provided for this entitlement account consists of $251,000,000 for payments under the Federal Employees' Compensation Act and $4,000,000 under the Longshore and Harbor Workers' Compensation Act. Included in the Federal Employees' Compensation Act amount is $34,000,000 to be drawn into fiscal year 1989 primarily to cover compensation payments to former Post Office Department employees that will not be reimbursed by the Postal Service.

Beginning in 1990, FECA benefits will be paid from this account to employees of the Panama Canal Commission in 1990. In 1989, a Panama Canal Commission compensation fund was established to provide for the accumulation of funds to defray the Commission's workers' compensation obligations pursuant to the Federal Employees' Compensation Act.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 1989	$688,624,000
Budget estimate, 1990	640,326,000
House allowance	640,326,000
Committee recommendation	640,985,000

The Committee recommends an appropriation of $640,985,000 for the black lung disability trust fund. This is $659,000 more than the administration request and the House allowance. The recommendation is $47,639,000 less than the fiscal year 1989 appropriation.

The Committee recommendation for this entitlement program is $611,404,000 for payment of benefits, including $20,918,000 available from prior year budget authority, and $50,499,000 for salaries and expenses for various components of the Department of Labor.

In 1989, benefit payments are estimated to be $625,687,000 and administrative expenses total $55,189,000. An unobligated balance of 1989 budget authority in the amount of $7,748,000 is projected.

The Committee has provided the Benefits Review Board with $659,000 and 11 staff, plus additional positions for elimination of the black lung claims backlog. This restores and augments staffing and funding provided in fiscal year 1989 for the processing of black lung claims.

The trust fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operator can be assigned liability for such benefits, or when coal mine employment ceased prior to 1970, as well as all administrative costs of the Departments of Labor, including reimbursement of Health and Human Services, and Treasury incurred in administering the benefits program and operating the trust fund.

Financing for the fund comes from a coal excise tax, reimbursement payments from mine operators for benefit payments made by the fund before the mine operator is found liable, and advances to the fund to assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014. Advances for fiscal year 1990 are estimated at $33,000,000.

The fiscal year 1990 appropriation includes no funds for the payment of interest on the outstanding indebtedness of the trust fund as provided in the Consolidated Omnibus Budget Reconciliation Act of 1985.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

Appropriations, 1989	$247,987,000
Budget estimate, 1990	267,748,000
House allowance	270,248,000
Committee recommendation	271,248,000

The Committee recommends an appropriation of $271,248,000 for the Occupational Safety and Health Administration, which is $3,500,000 over the administration request and $1,000,000 over the House allowance. The recommendation is $23,261,000 more than the fiscal year 1989 appropriation.

The Occupational Safety and Health Administration promulgates occupational safety and health standards and enforces compliance by inspecting places of employment. The agency also provides consultation, training, and information services for employers and employees and publishes statistics concerning the incidence, severity, and cause of occupational injuries and illnesses. Fifty percent matching grants are provided by Occupational Safety and Health Administration to assist States and jurisdictions in administering and enforcing State occupational safety and health programs.

The recommendation of 2,429 full-time equivalent positions is the same as the administration's request, and includes a net increase for built-in items such as within-grade promotions, space rental, and health insurance costs as well as planned decreases for items such as one-time costs associated with the establishment of Federal coverage in California and grants for the new directions programs.

The recommendation includes program increases of $2,500,000 to provide for the Bureau of Labor Statistics redesign of the Occupational Safety and Health Statistical Program and $180,000 for educational and informational material.

The Committee has included $14,856,000 for annualization of the State matching grant for California, which resumed private sector inspections under the State's approved plan on July 1, 1989. The Committee has also included retention of 179 FTE's and related funds in Federal enforcement to support the expansion of the hazard communication standard. Congress passed an urgent fiscal year 1989 supplemental providing $3,200,000 for State of California matching funds covering the July through September 1989 period.

For State enforcement activities, the Committee recommends an increase of $2,500,000 over the President's budget, the same as the House allowance. This increase is intended to more adequately allow State-plan States to operate effective OSHA programs. The Committee directs that a portion of these funds be utilized to eliminate funding inequities in States such as Iowa, in order to ensure that all workers are afforded comparable protection nationwide. Funds should be made available and distributed according to an equitable formula which attempts to achieve parity among the States.

The Committee recommendation includes $1,000,000 to fund up to two grants to joint labor-management trust funds to improve the technical literacy of employees and make the scientific terminology of material safety data sheets [MSDS's] readily understandable by workers and community organizations. The House did not consider this initiative, for which there was no budget request. The Secretary is urged to consider purchasing technical information on workplace toxic chemicals, including MSDS's, to establish a complete reference file in the Department, and prepare a comprehensive evaluation of the standard, with emphasis on the hazard determinations and worker comprehension of MSDS information. The Secretary shall report to the Committee by June 1, 1990, on the findings of the evaluation, recommendations to address identified problems, the status of the reference file, and the grant(s) funded.

The Committee concurs with the House in retaining the following bill language in the enacted fiscal year 1989 appropriations legislation: An exemption from coverage of farms employing 10 or fewer individuals, unless the farms have a temporary labor camp; an exemption for employers of 10 or fewer individuals from routine safety inspections, if they have occupational injury lost workday case rates below the national average; and a prohibition against regulations which restrict work activity in any area by reason of the potential for recreational hunting, fishing, or sport shooting in that area.

The Committee is very pleased that OSHA has finally hired an occupational health nurse who will provide nursing expertise in its policy determinations, as well as ensure that occupational health and nursing are consistently reflected within the standards put forth by OSHA.

At this time, the Committee strongly recommends that OSHA expeditiously implement the regulations issued by the Center for Disease Control, regarding the universal precautions standards for AIDS, hepatitis, and other blood-borne diseases, and that it follow through on the recommendations issued by NIOSH to address the serious problem of health hazards faced by occupational health professionals, including nurses.

Recordkeeping violations.—Last year, the Committee expressed its concern about employers' underreporting of work-related injuries and illnesses and asked the Labor Department to consider ways it could use the audit procedures for detecting these recordkeeping violations that had been developed in a joint OSHA/BLS study. Specifically, the Committee asked the Department to report on: (1) options for using these procedures; (2) which options if any, would be implemented; and (3) implementation timeframes.

The Committee has received that report which analyzed four options for implementing these procedures, and notes the Labor Department's choice of two options: (1) adopting interview procedures from that study for use in routine record reviews in all inspections conducted in the manufacturing sector; and (2) repeating the entire study, including reconstruction of the employer's injury and illness log, about every 5 years for comparison with the benchmark 1987 study. The Committee believes theses actions will help assure compliance with OSHA's recordkeeping requirements and enhance its overall enforcement efforts.

The Committee is concerned, however, that the Department's report did not specify how the current record review procedures—which already require interviews with the designated recordkeeper and employees—will be changed to incorporate the more structured approach found to be useful in the OSHA/BLS study, nor when those revisions will be made. Accordingly, the Department should provide to the Committee a report describing specific record review changes being implemented together with the timetable for implementation. Also, the Department should report to the Committee the results of the replication study when it is completed.

The Committee directs OSHA to continue its discussions with the State of Washington and the Confederated Tribes of the Colville Reservation to assist in developing a model management agreement to implement an occupational safety and health program for on-reservation business operations, which recognizes the respective jurisdictional responsibilities of the State and the tribes. OSHA is directed to report to the Committee within 120 days with recommendations for specific funding necessary to implement such a model program on the Colville Reservation consistent with the Federal trust responsibility to federally recognized Indian tribes.

MINE SAFETY AND HEALTH ADMINISTRATION

Appropriations, 1989	$162,893,000
Budget estimate, 1990	169,039,000
House allowance	170,039,000
Committee recommendation	170,593,000

The Committee recommends an appropriation of $170,593,000 for the Mine Safety and Health Administration. This is the $1,554,000 over the budget request and $554,000 more than the House allowance. The recommendation is $7,700,000 more than the fiscal year 1989 comparable appropriation and two full-time equivalents less than the fiscal year 1989 comparable of 2,790 FTE's.

The Mine Safety and Health Administration is responsible for enforcing the Federal Mine Safety Act of 1977 throughout the mining industry. It insures the safety and health of the Nation's miners by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with States in developing effective State programs and improving training in conjunction with States and the mining industry.

The Committee's recommendation of $170,593,000 and 2,788 FTE positions includes program increases of $450,000 to conduct special studies and analyses for standards development and $2,467,000 to continue replacement of aging ADP hardware and support systems. An increase of $3,259,000 for built-in items such as within-grade promotions and annualization of the fiscal year 1989 pay increase; increased costs for the Federal employees' compensation payments; and increased costs of working capital fund, other contractual services, rent, and travel is also provided.

The Committee's recommendation also provides for a decrease of two FTE's and a financing change of $640,000 which provides for increased use of contractual services, and $108,000 to change the method of financing bulk paper purchases and certain Department of Labor training contracts. A decrease of $30,000 is included for a reduction in nonpersonnel costs due to budgetary constraints.

The Committee rejects the administration's budget recommendation to terminate five FTE's in coal enforcement and eight FTE's in educational policy and development. Accordingly, $554,000 has been provided for those positions. The Committee concurs with the House increase of $1,000,000 over the budget request for the State grant program for miner training.

The Committee has included language carried in last year's appropriations bill prohibiting the use of funds to carry out the training provisions of the act with respect to shell dredging or with respect to any sand, gravel, surface stone, surface clay, colloidal phosphate, or surface limestone mine.

BUREAU OF LABOR STATISTICS

Appropriations, 1989	$187,573,000
Budget estimate, 1990	193,171,000
House allowance	193,771,000
Committee recommendation	193,171,000

The Committee recommends an appropriation of $193,171,000 for the Bureau of Labor Statistics, which is the same as the administration request and $600,000 less than the House allowance. It is $5,598,000 more than the 1989 comparable appropriation.

The recommendation includes a full-time equivalent staff level of 2,203, a net increase of 30 over 1989. This staff increase is primarily related to the annualization of the International Price and Central Business Establishment List Programs, and the revision of the current population survey. This is the same amount as the administration request and the House allowance. In addition, the recommendation provides authority to expend $49,118,000 from the "Employment Security Administration" account in the unemployment trust fund. This is the same amount as the administration request, $400,000 less than the House allowance, and $3,351,000 over the comparable 1989 level.

The Bureau of Labor Statistics is the principal fact-finding agency in the Federal Government in the broad field of labor economics. The Bureau collects, processes, analyzes, and disseminates data on employment and unemployment; prices and living conditions; consumer expenditures; wages and employee benefits; industrial relations activities; productivity and technological change in U.S. industries; projections of economic growth, the labor force, and employment by industry and occupation; and occupational injuries and illnesses. The Bureau's statistical series provide some of the major indicators used in developing economic and social policy, making decisions in the business and labor community, developing legislative and other programs affecting labor, conducting research on labor market issues, and administering and evaluating ongoing Federal programs.

The Committee has approved the requested program increases totaling $4,283,000. This includes $2,580,000 for the revision of the current population survey, $1,200,000 for the Permanent Mass Layoffs and Plant Closings Program, and $503,000 for increased State costs in connection with the Federal-State cooperative programs.

The recommendation also includes increases of $6,968,000 over 1989 for net built-in items such as within-grade promotions, space rental, and increased costs of funding the Census Bureau contract. A planned decrease of $1,082,000 in the standard industrial classification system revision and reductions of $833,000 related to onetime costs for contracts and $387,000 in nonpersonnel costs are approved. The recommendation also provides for a finance change of $186,000 to revise the method of funding bulk paper purchases and certain training contracts.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 1989	$117,482,000
Budget estimate, 1990	114,032,000
House allowance	114,732,000
Committee recommendation	115,072,000

The Committee recommends a Federal funds appropriation of $115,072,000 for departmental management, salaries and expenses, which is $340,000 over the House allowance and $1,040,000 over the administration's request. The recommendation is $2,410,000 less than the fiscal year 1989 comparable appropriation.

The recommendation also includes trust funds of $285,000 to be transferred from the "Employment Security Administration" account of the unemployment trust fund, and $21,150,000 to be derived from the black lung disability trust fund. The recommendation from all sources totals $136,507,000, which supports a total of

1,909 full-time equivalent positions. The FTE level represents a decrease of 107 from the fiscal year 1989 level.

The appropriation finances staff responsible for formulating and overseeing the implementation of departmental policy and management activities for the purpose of protecting and promoting the interest of the American worker. Other activities include international labor affairs, promoting employment of the disabled, and the Women's Bureau.

The recommendation reflects requested program increases totaling $1,354,000 and eight FTE's. An increase of $215,000 and three FTE's is included for the Office of Administrative Appeals to process an increased number of appeals in compliance with regulatory deadlines. An increase of $480,000 and two FTE's is included for increased Longshore Act adjudicatory activities by the Office of Administrative Law Judges. An increase of $461,000 and three FTE's is also included for the directorate of civil rights to permit it to process increased numbers of title VI complaints under the Civil Rights Act of 1964. An increase of $48,000 is provided related to the redistribution of working capital fund charges within the account to the President's Committee on Employment of People with Disabilities. Last, an increase of $150,000 is provided for the Bureau of International Labor Affairs for a one-time grant to the International Labor Organization to establish a computerized index of workers rights cases.

The recommendation reflects program decreases totaling $12,554,000 and 115 FTE's. The major program decrease is for 86 FTE's and $4,873,000 from the legal services and adjudication activities to support the Black Lung Program. Of these amounts, 37 FTE's and $2,084,000 are related to the temporary funding increase provided in the fiscal year 1989 appropriation act and 49 FTE's and $2,789,000 are related to the Department's completion of the Secretary's goal to eliminate the black lung case backlog in the administrative law judge area.

Aside from a portion of the black lung program-related decreases, the recommendation reflects other decreases related to one-time funding provided in fiscal year 1989. This includes a program decrease of $247,000 for the Office of the Assistant Secretary for Policy reflecting a one-time expenditure in fiscal year 1989 for the design of a national study on aging, fitness, and public employment. A reduction of $2,000,000 is also included related to one-time funding in fiscal year 1989 for employee alcohol and drug assistance programs.

Several other staff-related program decreases are reflected in the recommendation. A decrease of seven FTE's and $729,000 is included from the legal services activity related to productivity improvements. Two staff-related decreases are also included in the administration and management activity. One is a decrease of eight FTE's and $337,000 from the administration and management activity for automated data processing services now contracted out. The other is a decrease of 14 FTE's and $673,000 related to contracting out of departmental library services. Finally, the recommendation reflects a program decrease of $3,695,000 related to budgetary constraints.

The recommendation also reflects built-in increases totaling $3,119,000. The nonprogram increase amount reflects mandatory increases for such items as increased personnel compensation and benefits costs, as well as mandatory nonpersonnel cost increases for such items as space rental, working capital fund, and contract costs.

The Committee has provided $340,000 over the budget request for continued support to the job accommodation network. The network provides an essential service in bridging the gap between employers and qualified workers with disabilities by providing job accommodation information. The network is a national resource that serves public and private sector employers and rehabilitation counselors, as well as disabled workers who want to be gainfully employed. For each 100 cases that the network processes, 73 result in either an injured worker returning to the job or the hiring of a qualified individual who is disabled.

For the Women's Bureau, the Committee recommends $6,803,000, the same as the House allowance, and $700,000 over the request. The Committee commends the Women's Bureau for expanding the work of the displaced homemakers network with local programs providing services to this population. The Committee expects the network's funding to be maintained to continue this important work, and provides an increase to expand the Women's Bureau work related to the clearinghouse on work and family issues. The Committee recommends that the Secretary give every consideration to appointing a professional nurse at the policy level within the Women's Bureau. Professional nurses play a major role within our Nation's work force and the Committee feels that their expertise should be represented at the highest levels of the Department.

The Committee has provided $459,000, derived from the black lung disability trust fund, to restore 11 FTE's at the Benefits Review Board. There continues to be a backlog of black lung claims at the appeals level. Any reduction in staffing at the Board will further exacerbate that backlog. Restoration of the $459,000 and 11 FTE's will allow the Board to dispose of 3,595 appeals in fiscal year 1990.

ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING

Appropriations, 1989	($157,520,000)
Budget estimate, 1990	(162,623,000)
House allowance	(162,623,000)
Committee recommendation	(162,623,000)

The Committee recommends a trust fund limitation of $162,623,000 for the assistant for veterans' employment and training. This is the amount of the administration request and the House allowance, and $5,103,000 more than the comparable 1989 limitation. This limitation provides authority to expend funds from the "Employment Security Administration" Account of the unemployment trust fund. The Committee recommendation also provides for 288 full-time equivalent staff, which is also the amount of the administration request and the House allowance. These 288 FTE's are 12 more than the comparable fiscal year 1989 level of 276.

The Assistant Secretary for Veterans' Employment and Training exercises functional supervision over the execution of veterans' counseling, training, and placement policies through the public employment service and other employment and training programs. This includes responsibility for the Disabled Veterans' Outreach Program, and Local Veterans' Employment Representative Program. Other activities include promoting compliance by Federal contractors with affirmative action requirements for special veteran target groups, and handling claims for veterans, reservists, and National Guard members for restoration of jobs, seniority, and pension rights denied by their employers due to absences from the workplace to perform military service.

The recommended funding level includes $69,250,000 for the Local Veterans' Employment Representative Program, an increase of $2,252,000 over the fiscal year 1989 comparable amount, and $75,167,000 for the Disabled Veterans' Outreach Program, $2,205,000 more than the comparable amount for fiscal year 1989. Funding for Federal staff costs totals $15,606,000, which is $615,000 more than the comparable $14,991,000 provided for 1988. The National Veterans' Training Institute funding recommendation totals $2,600,000, $31,000 more than the comparable amount provided for fiscal year 1989.

The Committee recommendation provides for built-in increases totaling $5,418,000, mainly for increases in State salary costs, but also for Federal staff within-grade promotions, Federal Employees' Compensation Act costs, and nonpersonnel costs.

The one program increase recommended provides funds for 12 additional FTE's to staff three new regional offices required by the Veterans' Employment, Training, and Counseling Amendments of 1988, (Public Law 100–323). Program decreases consist of a reduction of $121,000 to reflect completion of one time 1989 contracts, and a reduction of $670,000 in nonpersonnel costs due to budgetary constraints.

OFFICE OF INSPECTOR GENERAL

Appropriations, 1989	$39,618,000
Budget estimate, 1990	41,997,000
House allowance	41,997,000
Committee recommendation	41,997,000

The Committee recommends an appropriation of $41,997,000 for the Office of Inspector General. The recommendation is the same as the administration's request and House allowance, and $2,379,000 more than the fiscal year 1989 appropriation.

The recommendation is in addition to trust funds of $5,194,000 to be transferred from the "Employment Security Administration" account in the unemployment trust fund and trust funds of $509,000 from the black lung disability trust fund.

The Committee recommends 547 full-time equivalent positions for the Office of Inspector General, this includes 71 positions financed by the transfers from trust funds. The total is the same as the comparable number in fiscal year 1989.

The Office of Inspector General is charged with several duties: recommending policies to detect and prevent fraud, waste, and abuse in Labor Department programs; increasing economy and efficiency; conducting, supervising, and coordinating audits and investigations of Labor operations; and informing the Secretary and

Congress about problems and corrective actions taken. The Office of Labor Racketeering investigates labor racketeering by organized criminal groups within employee benefit plans, labor-management relations, and internal union affairs.

The recommended funding level includes mandatory increases for such items as: personnel compensation, benefits, working capital fund, and travel. The recommendation includes $1,183,000 as a program increase to fund existing levels of audit contracts and other nonpersonnel services in fiscal year 1990, and a reduction of $194,000 to reflect one-time costs for audit contracts.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Action plan for rural America

The Committee notes that the decade of the 1980's has seen the beginning of a massive restructuring of the American economy. Between 1981 and 1983, rural America lost 500,000 jobs. Today, financial hardship is the norm in the farming, mining, lumber, petroleum, and textile industries of rural America, and indications are that rural America will continue to undergo profound economic, social, and political change.

Until recently, the gap between urban and rural economic growth had been narrowing, but since 1973 real per capita income in farm-dependent counties has, on average, declined annually. Real per capita income in farm counties has fallen from 91 percent of the metropolitan level in 1973 to 76 percent in 1984. The rural poverty rate grew throughout the first half of the 1980's, reaching 18.3 percent in 1985, compared to an urban poverty rate of 12.7 percent. According to the Census Bureau, rural areas contain one-quarter of the U.S. population, but have 38 percent of the Nation's poverty and 67 percent of the substandard housing.

The unemployment picture in rural areas is also dire. Since 1980, the rural unemployment rate has exceeded the urban rate consistently, a reversal of the historical pattern. According to experts, current policies result in only one job being created in the country for every seven new jobs created in cities.

These profound economic shifts have resulted in an outflow of population and resources from the rural areas of our Nation. Rural population growth has slowed dramatically, and migration to urban areas has hit its highest level in 30 years (932,000 in 1986-87).

The Committee finds that these conditions have precipitated a national crisis in rural health and education. Rural health care has been profoundly impacted by rural hospitals closing, substantial numbers of rural physicians retiring and not being replaced by new physicians, and rural health care facilities beset with chronic shortages of nurses and other health professionals. Access to basic health care services is alarmingly diminished in rural areas.

The Committee supported the Secretary of Health and Human Services' decision to create an Office of Rural Health Policy after it was proposed by the Congress. However, the Committee remains concerned that the administration has not developed a coordinated response to the health crisis. In fact, the administration has opposed most rural initiatives proposed by the Congress in recent years.

In many rural areas today, obstetric services, acute inpatient services, mental health, and emergency medical services are simply not available. Senior citizens living in rural areas, who pay the same Medicare rates as other senior citizens, are not guaranteed the same access to health care because unacceptably low Medicare payment rates are contributing to the decline of rural health providers.

The rural health crisis is evidenced by rising rural maternal and infant mortality rates, lower health status of rural Americans compared to those living in cities, a greater proportion of rural Americans lacking any health insurance. In addition, the Committee has noted the tragic increase in rural rates of suicide, depression, and alcohol and drug abuse due to the ongoing economic decline in rural communities.

Rural education also has been impacted severely. Rural schools now face many of the problems of urban schools, such as drug abuse and teen pregnancy, but are less well prepared to address them. The disparity in teacher salaries between urban and rural areas has endangered the ability of rural school districts to recruit and retain experienced and well-trained teachers. Enhanced curriculum requirements imposed at the State level also present a significant hardship to small schools that have a limited teacher corps. As property values stay at depressed levels throughout rural America, rural communities face great difficulty in raising sufficient tax revenues to meet educational needs.

Indications are that these conditions are likely to continue for the next several years, if not beyond. In response to this deeply disturbing situation, the Committee has developed a plan for improving health and education in rural communities, and provided funds and directives for a number of initiatives. The Committee's rural development plan addresses access to health care services, and education and research in rural areas.

A summary of each part of the Committee's plan is presented below:

IMPROVING ACCESS TO HEALTH CARE SERVICES IN RURAL AREAS

National Health Service Corps

Bringing more doctors to rural and underserved areas.—The National Health Service Corps [NHSC] program places physicians and other health professionals in remote rural and underserved inner-city areas. These areas have not been able to attract sufficient numbers of health professionals, and require Federal assistance to ensure access to physician care. The administration proposes slashing funds for the NHSC program in half, and proposes no funds for NHSC scholarships to attract health professionals into service. The Committee does not concur. The Committee has added $5,000,000 to the existing NHSC program, and an additional $2,000,000 for NHSC scholarships, for a total of $55,000,000 for the NHSC program.

Equity for rural community and migrant health centers

The Nation's 532 community health centers and 122 migrant health centers furnish primary health care services to almost 6 million Americans, including 500,000 migrant and seasonal farm workers and their families. Over 60 percent of these centers, serving 50 percent of all patients, are located in rural areas. Yet these centers receive only 40 percent of Federal grants. The Committee has added $20,188,000 over the budget request for community health centers and $2,854,000 for migrant health centers to increase their services to medically underserved populations. Total funds provided to community and migrant health centers amount to $515,500,000. The Committee has directed that one-half of these Federal funds will be provided to rural community and migrant health centers, since they treat one-half of the patients.

Primary care health professions and nursing programs

The Committee has restored and increased funds to health professions education programs, which train physicians, nurses, and other health professionals who are in shortage in rural areas as well as underserved inner-city areas. The administration proposed to eliminate all funding for these education programs, but the Committee is concerned that this view is shortsighted in light of our increasingly aged population and the need for primary care health services in order to reduce the use of more expensive acute-care services. The Committee has increased funds from the fiscal year 1989 level by $20,118,000 for health professions and nursing education programs, for total funding of $221,330,000.

Rural health care transition grants

Help for rural hospitals.—The Committee has provided $20,000,000 to continue and expand the program of rural health care transition grants. Grants of up to $50,000 a year for 2 years are awarded to small rural hospitals to help them develop and implement transition strategies that allow the hospitals to remain fiscally viable and thereby preserve access to health care for local residents. This program was initiated in fiscal year 1989 with $8,892,000. The administration did not request funding for its continuation. The Committee's allowance provides second-year funding for 160 to 180 grants to be awarded in fiscal 1989 as well as for an expanded second round of new grants in fiscal 1990.

National Library of Medicine

Outreach for rural communities and other areas.—The National Library of Medicine maintains a computerized data base and bibliography of medical research knowledge and recent findings. This information can be accessed from any doctor's office with the assistance of a desktop computer and a membership in the National Library of Medicine's MEDLARS system. The Committee has been concerned that an inadequate number of health professionals and health institutions have taken advantage of this system. In order to expand the usefulness of this system, particularly to rural areas, the Committee has directed the National Library of Medicine to strengthen its regional medical library network in order to expand direct access to community based health institutions and doctors. The Committee has added $2,000,000 to the National Library of Medicine's budget to support implementation of a significant outreach effort toward rural communities.

RESEARCH

The Committee's research initiatives will enhance research on rural areas, and research conducted by institutions in rural areas.

Office of Rural Health Policy

Rural research centers.—The Committee started a program of grants to rural research centers in fiscal year 1988. Research on rural health care issues is currently underway at five regional centers. The Committee has provided $3,500,000 to the Office of Rural Health Policy to continue research at the five centers and establish four new centers. The Committee's funds will support a clearinghouse of up-to-date information on rural health care programs, and continue a demonstration project to link universities with rural health providers.

National Center for Health Services Research

Rural health services research agenda.—The Committee has added $1,500,000 for the National Center for Health Services Research [NCHSR] to continue research on the congressionally mandated rural health research agenda developed by the NCHSR. The Committee first provided funds for the 5-year research agenda in fiscal year 1989. The Committee directed NCHSR to provide technical assistance to develop the capacity of education institutions located near rural areas to conduct rural health research, and is continuing to support efforts to enhance the capacity of rural institutions to conduct research.

National Cancer Institute

Cancer statistics in rural areas.—The Committee is concerned with reports of high cancer rates in rural agricultural areas. In order to develop more specific information upon which to base intervention strategies, the National Cancer Institute has been directed to develop a focused statistical series on cancer in rural agricultural areas. This series would be added to NCI's surveillance epidemiological and end results survey which currently reports cancer incidence rates on a county-by-county basis. The Committee has added $500,000 to help initiate this new statistical series.

National Institute of Environmental Health Sciences

Agricultural chemicals.—The Committee has directed the National Institute of Environmental Health Sciences to initiate a comprehensive research program to address all aspects of toxicity in agricultural chemicals including synthetic and naturally occurring chemicals. The need for this research initiative is clear. America's agricultural economy is heavily dependent upon the proper use of chemicals to increase productivity and the quality of agricultural crops. However, there is now recognized to be an acute need for more adequate research to document the potential toxic effects to those applying these chemicals; and on the potential health effects from contamination of ground water. The Committee has added $1,500,000 for additional research in this area.

National Institute on Aging

Rural health centers.—The Committee is strongly supportive of increasing research on older rural populations. While rural areas account for one-quarter of the U.S. population, they account for almost one-third of the Nation's elderly. Recently the panel of experts considering the feasibility and guidelines for the establishment of rural health centers recommended that such centers be created to focus on the diversity of the biomedical, cultural, and social features inherent in rural areas of the United States. The Committee has added $750,000 for the establishment of one such center in fiscal year 1990.

National Center for Nursing Research

Health care in rural areas.—Because of a shortage of health professionals in rural areas, nurses in rural areas are called upon to provide a broader array of services and perform those services under a considerably higher stress level than their urban counterparts. Findings based on urban populations cannot be generalized to rural populations which are more geographically and physically isolated, less likely to seek health care and more likely to treat themselves. The National Center for Nursing Research has the opportunity to focus additional nursing research on subjects and issues that will assist rural nurses in performing their duties. The Committee has added $600,000 for this purpose, which will permit the National Center for Nursing Research to double its rural nursing research portfolio.

Rural and native American mental health research

There is a tremendous human cost to the economic and social restructuring of rural communities. Rural rates of substance abuse, depression and other mental disorders, and suicide have climbed alarmingly in recent years.

In 1977, the President's Commission on Mental Health first noted a lack of data and research on rural mental health. Over 12 years later, this is still the case. However, the information that does exist is disturbing: evidence shows adults in rural areas have significantly higher rates of alcohol abuse and dependence and of cognitive deficit problems than those living in urban areas. A 1986 study of adolescents in three communities in rural Minnesota showed the rate of suicide attempts to be 15 times higher than the national average, and the incidence of depression twice the national average.

Other studies have noted moderate to large increases in dysfunctioning adults, exceptionally large increases in child abuse, spouse abuse, and alcohol abuse, especially among teens, and increases in depression and anxiety disorders.

The Committee has included $10,000,000 for mental health research on rural and American Indian and Alaskan Eskimo and Aleut populations. These funds shall be used for research to determine the effectiveness of various social work mental health service delivery models, particularly those with a family centered focus.

RURAL EDUCATION INITIATIVES

The Committee has included a number of funding initiatives within the Department of Education designed to address the challenges faced by local school districts in rural areas.

As part of its efforts to address the unique educational needs of rural communities, the Committee has included $6,000,000 for the rural technical assistance centers to accompany the $500,000,000 increase provided for the chapter I program. This will represent the second year of funding for these centers, which were initiated in 1989 for the purpose of providing technical assistance to State and local education agencies in providing chapter I services to disadvantaged students in rural areas.

The Committee has also increased funding to $6,000,000 for the rural education initiative conducted by the regional educational laboratories within the Office of Educational Research and Improvement. This initiative supports applied research, development, and dissemination of model educational techniques uniquely suited for rural areas. The Committee has also boosted funding for the rural/small schools clearinghouse as part of the Education Resources Information Center [ERIC] system. The clearinghouse collects and disseminates information on rural education for use by education researchers and practitioners across the United States.

The Committee believes that only a sustained and comprehensive response of this type will help improve the situation in rural communities. Funding for the action plan for rural America is as follows:

Funding for rural initiatives

Rural health services:	
National Health Service Corps	$55,000,000
Health professions education	[1] 20,118,000
Rural health transition grants	20,000,000
National Library of Medicine outreach to rural areas	[1] 2,000,000
Community and migrant health centers	[1] 23,042,000
Subtotal	120,160,000
Rural education:	
Regional education laboratories	6,000,000
Rural technical assistance centers	6,000,000
Subtotal	12,000,000
Rural research	
Office of Rural Health Policy	3,500,000
Rural health services research	1,500,000
National Cancer Institute	[1] 500,000
National Institute of Environmental Health Sciences	[1] 1,500,000
National Institute on Aging	[1] 750,000
National Center for Nursing Research	[1] 600,000
Rural mental health research	[1] 10,000,000
Subtotal	18,350,000
Total rural health initiatives	150,510,000

[1] Funds added over the President's request. For health professions education, the President requested no funding. The Committee has added an additional $19,618,000 over the fiscal year 1989 funds.

Acquired Immune Deficiency Syndrome [AIDS]

Appropriations, 1989	$1,222,685,000
Budget estimate, 1990	1,529,586,000
House allowance	1,529,586,000
Committee recommendation	1,592,417,000

[1] House allowance is approximate.

The bill includes a total of $1,592,417,000 for Public Health Service [PHS] program activities associated with AIDS. This is $54,090,000 more than requested by the administration. Not included in this bill, but also within the PHS, is $56,941,000 for the AIDS activities of the Food and Drug Administration [FDA], and $992,000 for the AIDS activities of the Indian Health Service [IHS]. Including FDA and IHS funds, the PHS total for AIDS activities is $1,654,090,000, a 26-percent increase over the 1989 amount. However, the Committee does not agree with the President's proposal to appropriate all HIV/AIDS funding to a central PHS account. Therefore, this allowance allocates all program funding by agency. Appropriation language to allow the Secretary to transfer funds between appropriations during emergencies, with approval by the Congress, is continued. The appropriations for AIDS continue to significantly increase, as shown below:

Fiscal year:	
1982	$5,555,000
1983	28,736,000
1984	61,460,000
1985	108,618,000
1986	233,793,000
1987	502,455,000
1988	951,039,000
1989	1,289,179,000
1990 estimate	1,654,090,000

In addition to the amount the Committee expects to be spent by the PHS agencies in fiscal year 1990 on AIDS, the Federal Government will spend another $1,217,000,000 on AIDS treatment, testing, and research through Medicaid, Medicare, Social Security, and the Departments of Labor, Defense, Veterans Affairs, State, and Justice. In summary, the Federal Government will spend well over $2,800,000,000 on AIDS in fiscal year 1990 as shown in the following table:

Public Health Service	$1,654,090,000
Medicaid (Federal share)	670,000,000
Medicare	40,000,000
Social Security Administration	209,000,000
HHS human development/civil rights	6,000,000
Department of Veterans Affairs	186,000,000
Department of Defense	58,000,000
Department of Justice/Bureau of Prisons	3,000,000
Department of State	2,000,000
Department of Labor	1,000,000
Total	2,871,090,000

The following table shows the amount included in the bill for each PHS agency and institute along with the 1989 amounts, the President's budget request:

	Fiscal year—		House passed	Committee recommendation	Recommendation compared with—		
	1989	1990 budget request			Fiscal year 1989	Fiscal year 1990 budget request	House passed
ACQUIRED IMMUNE DEFICIENCY SYNDROME [AIDS] [1]							
Health Resources and Services Administration:							
Training of health personnel	$14,640,000	$14,820,000	$14,820,000	$14,820,000	+$180,000		
Facilities renovation grants (1610(b))	3,903,000	3,952,000	4,300,000	4,500,000	+97,000	+$48,000	−$300,000
Pediatric health care demonstrations	7,806,000	7,904,000	15,000,000	15,000,000	+2,194,000	+2,096,000	−5,000,000
Adult health care demonstrations	14,692,000	14,875,000	20,000,000	14,875,000	+183,000		−5,125,000
Adult health care planning grants	3,904,000	3,952,000	3,952,000	3,952,000	+48,000		
AIDS-related drugs	15,000,000			30,000,000	−15,000,000		
Community health care services		10,921,000	10,921,000	20,877,000	+20,877,000	+9,956,000	+9,956,000
Home health services				50,010,000	+20,000,000	+20,000,000	+20,000,000
Subacute care				5,000,000	+5,000,000	+5,000,000	+5,000,000
Transfer for consolidated administration	−2,774,000	−3,740,000	−4,000,000	−5,700,000	−2,926,000	−1,960,000	−1,700,000
Subtotal, Health Resources and Services Administration	57,171,000	52,684,000	64,993,000	153,324,000	+30,653,000	+46,550,000	+22,831,000
Centers for Disease Control:							
Epidemiology/surveillance	112,619,000	151,875,000	140,825,000	130,825,000	+28,206,000	−21,550,000	
Information/education	157,736,000	195,830,000	195,830,000	195,830,000	+38,094,000		
Testing/counseling	100,322,000	119,402,000	119,402,000	119,402,000	+19,080,000		
Other	6,915,000	6,915,000	6,915,000	6,915,000			
Subtotal, Centers for Disease Control	377,592,000	474,022,000	462,972,000	452,972,000	+85,380,000	−21,550,000	
National Institutes of Health:							
National Cancer Institute	122,247,000	151,332,000	151,332,000	153,322,200	+31,075,200	+1,990,200	+1,990,200
National Heart, Lung, and Blood Institute	38,088,000	42,651,000	42,651,000	42,084,000	+3,996,000	−567,000	−567,000
National Institute of Dental Research	3,441,000	4,269,000	4,269,000	4,212,000	+771,000	−57,000	−57,000
National Institute of Diabetes, Digestive, and Kidney Diseases	3,562,000	5,394,000	5,394,000	5,322,000	+1,760,000	−72,000	−72,000
National Institute of Neurological Disorders and Stroke	13,069,000	16,374,000	16,374,000	16,156,000	+3,087,000	−218,000	−218,000
National Institute of Allergy and Infectious Diseases	311,277,000	400,116,000	400,116,000	400,800,800	+89,523,800	+684,800	+684,800
National Institute of General Medical Sciences	10,831,000	14,916,000	14,916,000	14,718,000	+3,887,000	−198,000	−198,000
National Institute of Child Health and Human Development	21,900,000	27,129,000	27,129,000	26,769,000	+4,869,000	−360,000	−360,000
National Eye Institute	4,828,000	5,697,000	5,697,000	5,621,000	+793,000	−76,000	−76,000
National Institute of Environmental Health Sciences	4,132,000	4,377,000	4,377,000	4,319,000	+187,000	−58,000	−58,000
National Institute on Aging	443,000	870,000	870,000	858,000	+415,000	−12,000	−12,000

	Fiscal year—		House passed	Committee recommendation	Recommendation compared with—		
	1989	1990 budget request			Fiscal year 1989	Fiscal year 1990 budget request	House passed
National Institute of Arthritis and Musculoskelatal and Skin Diseases	673,000	1,254,000	1,254,000	1,237,000	+564,000	−17,000	−17,000
Research resources	43,729,000	44,643,000	44,643,000	44,050,000	+321,000	−593,000	−593,000
National Center for Nursing Research	693,000	999,000	999,000	986,000	+293,000	−13,000	−13,000
John E. Fogarty International Center	4,621,000	4,910,000	4,910,000	4,845,000	+224,000	−65,000	−65,000
National Library of Medicine		500,000	500,000	493,000	+493,000	−7,000	−7,000
Office of the Director	12,882,000	12,339,000	12,339,000	12,175,000	−707,000	−164,000	−164,000
Building and facilities	4,900,000	14,900,000	14,900,000	14,702,000	+9,802,000	−198,000	−198,000
Subtotal, National Institutes of Health	601,316,000	752,670,000	752,670,000	752,670,000	+151,354,000		
Alcohol, Drug Abuse and Mental Health Administration:							
Mental health	48,373,000	69,295,000	59,295,000	69,295,000	+20,922,000		+10,000,000
Drug abuse	118,833,000	139,984,000	139,984,000	139,984,000	+21,151,000		
Alcoholism	6,130,000	8,324,000	8,324,000	8,324,000	+2,194,000		
Subtotal, Alcohol, Drug Abuse and Mental Health Administration	173,336,000	217,603,000	207,603,000	217,603,000	+44,267,000		+10,000,000
Office of the Assistant Secretary for Health	13,270,000	16,348,000	16,348,000	16,348,000	+3,078,000		
Contingency reserve		25,000,000	25,000,000			−25,000,000	−25,000,000
Total, priority disease control and research [AIDS] [2]	1,222,685,000	1,538,327,000	1,529,586,000	1,592,417,000	+314,732,000		+7,831,000

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[1] President's budget proposes a consolidated account for AIDS shown here for comparison purposes excluding funds for FDA and IHS.

[2] Total excludes $57,935,000 proposed for FDA and IHS in 1990 considered by other subcommittees.

Magnitude of the problem and response to date

In calendar year 1988, over 32,000 new cases of AIDS were reported, a 60-percent increase over 1987. In total, as of May 31, 1989, 97,193 AIDS cases and 56,468 AIDS-related deaths in the United States have been reported to the Centers for Disease Control [CDC] since June 1981. In addition, over 1,600 cases of pediatric AIDS (children under age 13) have been reported. Each of the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, and the trust territories have reported cases of AIDS. HIV infection has become an epidemic of major proportions. By the end of 1992, the cumulative total of AIDS cases in the United States is projected to reach 365,000 and result in nearly 260,000 deaths. Because AIDS/HIV infection affects individuals early in life, (that is, 68 percent of the AIDS cases were less than 40 years of age) the estimated years of potential life lost due to AIDS-related mortality is extremely high. AIDS, when compared to other causes of mortality, currently ranks ninth in years of potential life lost and if present trends continue, it is estimated that AIDS may rise to third by 1991.

The Committee continues to be impressed with the progress that has been made against AIDS. The efforts begun in 1986 with contract awards to 19 medical centers have grown to a nationwide network of 45 AIDS clinical trials units including 13 pediatric units. PHS researchers are evaluating the use of a highly sensitive method for the detection of HIV. This new technique plays an important role in epidemiologic studies of HIV, and should play an important role in testing the efficacy of drugs and vaccines. A number of drug treatments have been developed and approved to prolong the lives of many persons with AIDS. New information and education programs as well as expansion of existing efforts help reduce the chances of more people becoming infected. Approximately 345 community-based organizations receive support to implement activities aimed at preventing AIDS/HIV infection in racial and ethnic minorities.

The Committee remains concerned about the difficulty that each PHS agency encounters when trying to acquire sufficient FTE's to effectively utilize the dollar resources provided by this Committee. Major organizational reviews in the last few years have all concluded that a lack of FTE's has been a major obstacle in the PHS battle against AIDS. Therefore, the Committee has included report language associated with the account for the Office of the Assistant Secretary for Health including the FTE levels the Committee directs for both AIDS and non-AIDS activities of the Public Health Services agencies.

The PHS should continue to gain knowledge and understanding about the disease process—its origin and nature, genetic and biologic properties of vital strains, the body's response to infection, risk factors, modes of transmission, and the problems of prevalence and incidence. Efforts should be made to accelerate the development, testing, and evaluation of vaccines and new therapeutic drugs, with increased access of minority populations to clinical trials, and increased involvement of community providers in clinical trials. Prevention activities should be expanded to inform and educate high-risk populations, the general public, health care workers, and school and college-aged populations to encourage individuals to minimize behavior that increases the risk of spreading or contracting HIV infection. Special emphasis should be placed on designing community-specific interventions which are tailored to the needs of individuals at risk, especially for minorities and IV drug users. Finally, the PHS should expand its programs aimed at AIDS and HIV infection in children and adolescents.

The following funding table details in financial terms the response to the AIDS crisis to date by major functional categories:

Pediatric AIDS initiatives

The Committee remains greatly concerned about the escalating pediatric AIDS problem in the United States. As of May 1989, over 1,600 cases of pediatric AIDS were reported to CDC. Cases of AIDS in children are expected to grow to 3,000 by 1991, with at least 10,000 to 20,000 HIV-infected children. AIDS is now the ninth leading cause of death among children 1 to 4 years old, and the seventh in young people between ages 15 and 24. Pediatric HIV infection is a complex entity distinct from HIV infection in adults, and as such requires specially tailored approaches to research, care, financing, and prevention. While the Committee acknowledges that PHS has devoted significant resources to this problem, the Committee expects PHS to expand and strengthen basic research activities. Seroprevalence studies designed to monitor the problem should be continued. Perinatal prevention projects and clinical trials should be expanded. The Committee has increased the pediatric NIH allowance by $10,000,000 for expanded basic research activities. The Senate allowance also includes a $2,096,000 increase for HRSA to expand pediatric AIDS service demonstration projects. The following table depicts fiscal year funding for the last 3 years, and the fiscal year 1990 Committee recommendations:

PUBLIC HEALTH SERVICE PEDIATRIC AIDS

[In millions of dollars]

	Fiscal year 1988	Fiscal year 1989	Fiscal year 1990		Change 1989/ Senate
			President's budget	Senate allowance	
Health Resources and Services Administration	5	8	8	15	+7
Centers for Disease Control	19	25	30	30	+5
National Institutes of Health	37	50	66	76	+26
Alcohol, Drug Abuse and Mental Health Administration	7	8	9	9	+1
Total, Public Health Service	68	91	113	130	+39

Health Resources and Services Administration

The Committee has included $153,324,000 for AIDS health care service demonstrations, and for training and education of health care workers. This is $100,640,000 more than the administration's request and $96,153,000 more than was provided in fiscal year 1989.

The Committee proposes a new program for home and community-based health services activities, and has provided $50,000,000 in the budget for this purpose. As AIDS and HIV infection increasingly become a chronic illness, home health services will become more important in the spectrum of services AIDS patients will need. These funds provide for formula grants to States for services in the home for medically and chronically dependent individuals with HIV infection. Priority should be given to low-income individuals. These funds may not be used to pay for services paid for by either Medicare or Medicaid.

The Committee has provided $5,000,000 to fund subacute care demonstration projects as authorized by the Health Omnibus Programs Extension Act of 1988. These funds should be used to provide operating support for subacute care facilities for the HIV infected population whose needs frequently require subacute health care services at two to three times the cost of an average geriatric patient.

The Committee has added an additional $7,096,000 for pediatric AIDS service demonstration projects. The Committee remains greatly concerned with the increase in the number of pediatric AIDS cases and recommends a total of $15,000,000 for these projects in fiscal year 1990. The pediatric AIDS service demonstrations enhance the delivery of pediatric health care by demonstrating effective ways to manage pediatric AIDS patients and reduce time spent in hospital settings by emphasizing outpatient and community settings.

The Committee has provided $30,000,000 for the AIDS Drug Reimbursement Program to assure the continued availability of drugs to treat AIDS for low-income persons affected with the AIDS virus. The Committee expects the States to provide a dollar-for-dollar match for this funding and further expects the manufacturers to provide an in-kind match in order to have a program well over $60,000,000 for fiscal year 1990.

Finally, the Committee has provided an additional $548,000 for AIDS facilities renovation grants over fiscal year 1989, for a total program of $4,500,000. The additional funds will be used to help construct and/or renovate AIDS nonacute care facilities in order to provide for the special health care needs of AIDS patients.

Centers for Disease Control

The Committee's recommendations include $452,472,000 for HIV activities, $21,550,000 less than the President's request. The Committee has concurred in the action of the House to delete funding for the sex study.

HIV infection is the No. 1 public health priority. The battle against HIV infection has engaged all relevant operating Federal health agencies, and within this operating framework CDC is the leading prevention agency. Consistent with this mission, the CDC has developed four major program areas in CDC's HIV prevention program: (1) expanded HIV antibody testing and counseling; (2) a comprehensive information/education program to prevent and control HIV; (3) a minority HIV prevention initiative in response to a recognition that minority populations are disproportionately affected by HIV; and (4) a comprehensive HIV serosurveillance program.

CDC is undertaking a comprehensive program to prevent the spread of HIV infection. This program represents a cooperative endeavor that encompasses the efforts of CDC scientists, physicians, and other public health workers; State and local health and education agencies; voluntary agencies; national minority organizations; national organizations that serve youth; and the private sector. The CDC provides leadership; scientific and technical assistance; develops guidelines; trains laboratorians and other health workers; and provides financial assistance to national organizations and State and local agencies to carry out programs to prevent HIV infection. Approximately 90 percent of the funds are obligated through cooperative agreements and contracts, principally to State and local health and education agencies.

The Committee recommends $130,325,000 for CDC to expand epidemiology and surveillance activities including the family of surveys and efforts to improve the completeness and timeliness of AIDS case reporting. The family of surveys, which encompass both sentinel surveillance and special population studies, represents a component of the HIV surveillance program. The recommended increase will allow sentinel surveillance of HIV infection to continue and expand in a variety of health care settings in 30 to 40 SMSA's. This ongoing surveillance will expand to provide information that is need for evaluating State and local prevention programs and will also be useful in determining national strategies. Special surveillance projects will also provide information about the infection status of military recruit applicants, Job Corps applicants, patients of practicing physicians, hospital patients, native Americans, and college students. Data from STD clinics, drug abuse and treatment clinics, and other health care settings, will provide information about trends of HIV infection among newborns and will provide valuable information about the level of infection among women.

Increased funding is requested to initiate special surveillance studies to evaluate and improve the completeness and timeliness of AIDS case reporting methods in the United States, and to improve mathematical modeling. These studies will enable CDC to better describe the epidemiology of HIV infection and of AIDS. Since the recognition of AIDS in 1981, understanding of the epidemiology and natural history of the syndrome and of the underlying infection has increased dramatically. Many aspects of the AIDS epidemic, however, are still only partially understood. Assessment of the level of case ascertainment is essential for reliably interpreting AIDS case surveillance data and for assisting in evaluating and targeting prevention activities.

The recommendation includes $315,232,000 for prevention efforts in the areas of information and education, and behavior change. CDC will continue to provide technical and financial assistance to States and certain cities to carry out health education/risk reduction activities and undertake special initiatives to prevent HIV infection among minority populations. Of this amount, the Committee includes $119,402,000 to further implement CDC's counseling, testing, and partner notification recommendation. Increased funding will be directed to support these services for those attending family planning clinics and drug treatment centers. It is estimated that there are 15.2 million annual patient visits to STD clinics, family planning clinics, and drug detoxification centers, prenatal/MIC clinics, and other public clinics for HIV test.

A second objective would be the design of effective evaluation methods to measure the impact of the counseling and testing recommendations on the health of the Nation. Both the Institute of Medicine and the Presidential Commission of the HIV Epidemic have called for increased counseling, testing, and partner notification services.

The Committee recommendation also includes $6,915,000 for other HIV/AIDS activities including pathogenesis and clinical manifestations, neuroscience and behavior, vaccines, and blood and blood products.

The Committee intends that CDC give special emphasis to AIDS prevention, education, and information programs targeted to individuals at increased risk. As specified in Public Law 100–607, in any State with at least 1 percent of the total number of AIDS cases cumulatively reported in the United States, not less than 25 percent of Federal funds for AIDS health education, risk reduction, and information programs shall be expended by the State to provide AIDS prevention grants to private, nonprofit entities located in and representative of communities most affected by the HIV epidemic. In allocating these grants, priority shall be given to entities with demonstrated history of service to underserved communities. Funds made available through such direct grants may be used for the purchase of advertising, including transit and out-of-home media, to deliver risk reduction information to underserved individuals. The Committee believes that the funds provided for CDC AIDS information and education activities are sufficient to allow the agency to conduct a comprehensive evaluation of the impact and cost effectiveness of its national AIDS information services and programs, including the impact of CDC AIDS media campaigns on the behavior of individuals whose behavior places them at increased risk.

National Institutes of Health

The Committee has provided $752,670,000 for NIH AIDS-related activities. This is the same as the President's request and $151,354,000 more than provided for fiscal year 1989. The Committee is pleased with the recent advances in AIDS research which have been pioneered by scientists supported by NIH funds.

Recent advances in AIDS research have been enhanced by a new test, polymerase chain reaction [PCR] using the process of selective gene amplification to detect the presence of HIV genetic material in cells even when present at very low levels. PCR along with the test to detect AIDS antibodies in the blood have provided the knowledge base to begin treatment therapies for HIV infection and its sequelae early in the disease process. The AIDS clinical trials groups [ACTG's] have been significantly expanded to 45 sites which include 13 pediatric clinical trials units. Additionally, there are 28 pediatric centers around the country, and an intramural research program clinical trial to address the growing incidence of HIV infection among the pediatric population. At present, within the ACTG's there are 55 protocols that are currently open to accrual and they have experienced an enrollment of over 7,500 patients since their inception.

HIV infection has generated an urgent need to develop and test experimental drugs and to make effective drugs widely available as soon as possible. Currently drugs approved for conditions associated with HIV infection include AZT, ganciclovir and aerosol pentamidine. Other promising agents include dideoxyinosine (ddI) and dideoxycytidine (ddC) for HIV infection. A number of clinical trials are currently underway to test both approved and as yet unapproved drugs in combination while other trials are focusing on the determination of appropriate dosages of drugs for children with HIV infection.

One important source of information concerning available HIV therapies is the AIDS Clinical Trials Information Service developed by the National Institute of Allergy and Infectious Diseases. This service provides information on drugs in trials, location of trials, eligibility criteria, and other pertinent information. In addition to this service, the National Library of Medicine is establishing an AIDS data bank on research information to provide scientists, physicians, and other health professionals faster access to more complete information of AIDS research, diagnosis, treatment, control, and prevention.

The Committee is pleased with the efforts to expand clinical research into the community setting through the community programs for clinical research on AIDS. These programs are designed to involve community physicians and their patients who are most at risk for HIV infection.

In providing the increase in funds for NIH requested by the President, it is the Senate's intention that the NIAID AIDS Program integrate and coordinate its AIDS clinical trial information dissemination with Food and Drug Administration and National Library of Medicine efforts in order to provide protocol and referral information on the full range of United States AIDS/HIV clinical trials, not merely federally sponsored studies.

Pediatric AIDS presents problems which are unique to clinical investigations involving children. Current trends of pediatric HIV infection among infants, children, and adolescents, lead to discomforting predictions on pediatric AIDS in the 1990's, particularly as the incidence is paramount in the underserved, minority, inner city population. The Committee directs that $10,000,000 increase in fiscal year 1990 be used to expand pediatric AIDS research with 40 percent of this increase to be used by the National Cancer Institute and the remaining 60 percent to be used by the National Institute of Allergy and Infectious Diseases. This increase will fund basic research efforts urgently needed to define the means for early diagnosis such as rapid virus cultures, polymerase chain reaction technology, IgM assays and p24 antigen assays. Without these assays, the pathogenesis of maternal to newborn transmission is difficult to define. Basic research on the timing of transmission and the pathogenic mechanisms involved in pediatric AIDS will be pursued as will expanded basic research efforts in the roles of immune response in protection or delay of clinical progression. Additional studies are needed to provide early data to support expansion of adult clinical trials to the pediatric population. Expansion of clinical trials in the pediatric AIDS population poses problems not experienced in the adult clinical trial studies. More resources are needed to carry out pediatric clinical trials specifically for ancillary requirements associated with children and adolescents.

Alcohol, Drug Abuse and Mental Health Administration

The Committee has provided $217,603,000 for AIDS activities at the Alcohol, Drug Abuse and Mental Health Administration [ADAMHA]. This is $44,267,000 or 26 percent more than provided in fiscal year 1989 and the same amount as requested by the administration.

The allowance supports a broad range of AIDS-related basic and applied research, health professionals training, demonstration projects, and grants to fund treatment capacity. These activities focus on HIV's effects on the brain and nervous system as well as the biological and behavioral components of the transmission of AIDS. The 1990 budget allowance will permit ADAMHA to continue and enhance efforts to meet the present needs for AIDS research, education, prevention, and treatment.

The Committees has included $139,984,000 in the area of intravenous drug abuse which represents an increase of $21,151,000 or 19 percent over fiscal year 1989. Because this high risk population is large in number, pervasive, and represents a multifaceted vector into the general population, development and utilization of effective prevention, outreach, treatment approaches, as well as insightful basic science research become imperative.

The Committee has provided $39,414,000 in the area of prevention, which represents an increase of $11,273,000 or 40 percent over fiscal year 1989. Infection by HIV with its clinical manifestations, the large number of people already infected, and the fact that currently there is no fully satisfactory treatment, cure, or vaccine, make it a public health crisis of the most critical nature. Prevention research and program efforts seek to interrupt the transmission of HIV changing behaviors of people who are at risk of infection, and sustaining behaviors of those not at risk of infection.

To further study the role of HIV on the central nervous system and the neuropsychological and neuropsychiatric effects of HIV infection, the Committee has provided $32,502,000 in the area of neuroscience and behavior which represent an increase of $10,269,000 or 46 percent over fiscal year 1989. It is now accepted that HIV enters the central nervous system early, and, directly or indirectly, produces a range of nervous system impairment. Neuroscientific and behavioral research are key to understanding HIV nervous system disease and to the development of effective treatments for the direct and indirect consequences of CNS infection.

Finally, the Committee has included $5,703,000 in the area of pathogenesis and clinical manifestations which is an increase of $1,574,000 or 38 percent over fiscal year 1989. HIV infection results in a broad spectrum of neuropsychiatric manifestations. Clinical and epidemiologic studies, along with increasing practical experience, are key to defining the natural history and clinical presentations of HIV infection. Efforts to better understand the timing and mode of viral entry, activation of latent infection, recruitment of infected macrophages, and amplification of infection in macrophages relies heavily of basic biomedical research. It is through developing techniques of early diagnosis of HIV-associated neurologic disorders and effective treatment modalities that we will be able to improve both the quality and duration of survival of patients with AIDS.

Office of the Assistant Secretary for Health

The Committee has included $16,348,000 for AIDS activities at the Office of the Assistant Secretary for Health. This is $3,078,000 more than has been provided in fiscal year 1989 and the same as requested by the administration for fiscal year 1990.

The Committee has provided $3,714,000 for the activities of the National AIDS Program Office, $8,576,000 for a variety of research projects conducted by the National Center for Health Services Research, and $4,058,000 for education and prevention efforts targeted toward minority populations carried out by the Office of Minority Health.

The Committee has again rejected the requested increase of $25,000,000 for a contingency fund. The Committee feels that the fiscal year 1990 AIDS request of $1,600,000,000 is sufficient to respond to any new opportunities that may arise during 1990. Also there is enough flexibility in the general provisions to enable the Secretary to transfer funds between the various PHS agencies to provide for unforeseen emergencies or opportunities.

The Committee has included $1,000,000 under title IV for the National Commission on AIDS. These funds are provided directly to the Commission rather than to the Office of the Assistant Secretary for Health.

AIDS behavioral research

The Committee directs expanded attention to the social and behavioral science questions that are naturally part of the NIH AIDS research mission, particularly at NIAID. Incremental additions to existing programs measuring quality of life in treatment research and including more substantial behavioral endpoints in ongoing epidemiology research are examples of ways existing research initiatives could be supplemented. Research assessing social and psychological barriers to accruing new patients into protocols, determining factors for compliance or noncompliance with treatment regiments and the operation of self-deferral mechanisms for protecting the blood supply are examples of the kinds of projects that have not, heretofore, been funded by the NIH but would significantly enhance the existing program and fall clearly within the parameters of the NIH mission.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Appropriations, 1989	$1,489,746,000
Budget estimate, 1990	1,351,643,000
House allowance	1,553,465,000
Committee recommendation	1,677,890,000

The Committee recommends an appropriation of $1,677,890,000 for health resources and services. This is $326,247,000 more than the administration request. The recommendation is $188,144,000 more than the fiscal year 1989 appropriation and $124,425,000 over the House allowance.

The HRSA appropriation supports activities to provide health care services to mothers and infants, the underserved, the elderly, the homeless, migrant farm workers, and a wide spectrum of other designated beneficiaries. This appropriation is the foundation upon which cooperative programs in community health, AIDS care demonstrations, health care provider training, and health care delivery systems and facilities is resting.

HEALTH CARE DELIVERY AND ASSISTANCE

Community health centers

The Committee has included $465,000,000 for the Community Health Centers [CHC] Program, including $30,000,000 requested for the infant mortality initiative. This total is $20,188,000 more than the administration's request and the House allowance, and $29,638,000 more than the fiscal year 1989 appropriation.

The primary objective of the Community Health Centers Program is to develop the capacity to organize and deliver a full range of primary care services to medically underserved and unserved populations, making optimum use of Federal, State, and local resources. Federal appropriations provide less than one-half the cost of operations of these centers. During fiscal year 1989, some 550 community health centers will serve about 5,350,000 medically underserved persons. These centers often serve as health care providers to America's underserved rural and minority populations, and indigent homeless.

The Committee is concerned that applying for funding from the several funding pools provided to community health centers has caused undue administrative hardship to centers and unnecessary administrative costs in the Department. The requirement for multiple applications has placed smaller centers at a competitive disadvantage, due to their leaner administrative structure and diverse patient population.

Therefore, the Committee has elected to combine the separate pools of funds for community health centers, thereby reducing overhead costs for centers and for the Department of Health and Human Services. The Committee believes a simplified application procedure will benefit the Community Health Centers Program and the patients served by the program.

It is the Committee's intent that case-managed infant mortality services will become part of each center's operations, and will be funded by the center's grant, without separate funding from an infant mortality initiative. The Committee expects that the highest priority will continue to be placed on the infant mortality initiative and that this administrative simplification will not reduce the focus and resources devoted to this initiative.

The Committee is concerned that rural community health center grantees account for 61 percent of all grantees and serve 50 percent of all patients receiving care at community health centers, yet receive only 40 percent of grant funds. The Committee is deeply dissatisfied with this funding disparity. Rural community and migrant health centers serve a patient population that is poorer, has a lower health status, and is less likely to have insurance coverage than the urban population. Rural centers are also less likely to receive funds from other sources: Medicare payment rates are lower in rural areas than in urban areas, and just one quarter of the rural poor qualify for Medicaid, compared to 43 percent of the urban poor.

The Committee has noted a recent report of the National Association of Community Health Centers and the National Rural Health Association documenting the decline in the economic standing of rural community health centers in recent years even while funds for the Community Health Centers Program have increased. Rural centers are facing rapidly increasing operating expenses due to premiums for malpractice insurance, greater demand for services, and greater expenses associated with sliding fee subsidies for indigent patients. Federal grants have not covered this shortfall.

It is the Committee's express intent that funds provided to CHC's shall reflect accurately the location of patients served by centers. The Committee expects that rural community health centers shall receive approximately 50 percent of the funds provided for the CHC Program, which is directly comparable to the proportion of the entire CHC patient population they serve. The Committee requests that the Department keep the Committee informed regularly of its progress in correcting the current inequity in funding between urban and rural community health centers.

The Committee continues to be concerned that HRSA has not given sufficient attention to the health care needs of Asian Americans, especially those residing on the west coast. Many of these individuals are recent arrivals to the United States. For cultural and language reasons, they do not have adequate access to the health care that they require. Accordingly, the Department is strongly urged to make this population a priority and further, to work closely with recognized Asian American health care organizations and provider groups to ensure that their concerns are appropriately taken into account in establishing this year's funding priorities. The Committee further notes that this issue was addressed in last year's report, and that in its judgment, the Department has not taken this charge seriously enough and in fact, seems to be ignoring the Committee's directive. The Department has the authority to target particular ethnic and/or racial groups that have special and pressing needs.

The Committee is also concerned about efforts to terminate that portion of section 330 funding that is allocated to the Morton Comprehensive Health Services Center of Tulsa, OK, for the operation of a satellite facility, the Indian Health Care Resource Center of Tulsa, Inc. The Indian Health Care Resource Center has been affiliated with the Morton Center since 1980, serving the Indian patient population of 15,000 in the Tulsa area, for whom there are no alternative health care services available. As of February 1989, consistent with HHS directives, the Indian Health Care Resource Center has been serving non-Indian patients, in addition to its Indian patient population. The Committee urges the Department to recognize the center's compliance, and to continue funding for the Indian Health Care Resource Center so that the center can sustain its critical role in assisting the Morton system to provide health care to the Tulsa community.

Migrant health

The Committee has included $50,500,000 for migrant health centers, including $2,000,000 requested for the infant mortality initiative. This amount is $2,854,000 more than the fiscal year 1989 appropriation and the administration's request, and $1,000,000 over the House allowance, and $4,854,000 more than the fiscal year 1989 appropriation.

The Migrant Health Centers Program, through project grant authority, provides primary health care services to migrants and seasonal farm workers and their families. These services include care provided to high-risk mothers and infants and seasonal farm workers and their families with little or no public or private health insurance coverage. With the funds recommended by the Committee, the 122 migrant health centers operating in fiscal year 1989 will serve an estimated 500,000 migrants and seasonal farm workers.

The Committee is concerned that most migrant farm workers live and work in an unhealthy environment. The complex health and social issues surrounding migrant farm workers' environment are addressed by several State and Federal programs, yet there is limited coordination. The Committee, therefore, directs that $500,000 of the funds appropriated shall be set aside to develop up to four demonstration State environmental plans addressing migrant worker housing, pesticide exposure, water and sanitation, and health and social services. The Committee expects that grants to develop these plans will be made to broad-based consortia of migrant-related State agencies, migrant health projects, and university programs. The Committee requests that HRSA submit a report to the Committee on the expenditures under this initiative.

Infant mortality initiative

Each year, 40,000 babies die in the United States before their first birthday. The Committee is alarmed that the current national infant mortality rate is 10 per 1,000 live births, and the rate among blacks is twice that. The disproportionately high infant mortality rate is a key factor in the difference in life expectancy between blacks and whites.

The Committee applauds the administration's recognition of the need to provide for increased perinatal capacity for 19,000 patients and to expand the successful case management services to an additional 18,000 high risk, low-income pregnant women through the community and migrant health centers. The Committee notes, however, that while 80 percent of the health centers report severe shortages of obstetrical care in their communities, only 33 percent of centers were funded under the infant mortality initiative during 1989. As previously noted, in order to allow a more equitable distribution of funds to all needy health centers, the Committee has combined the $32,000,000 requested for the infant mortality initiative into the basic grant funds provided to health centers.

Black lung clinics

The Committee has included $3,700,000 for black lung clinics. This amount is $484,000 more than the fiscal year 1989 appropriation and the administration's request, and $350,000 over the House amount.

This program, through project grants or contracts, assists public and private entities to operate clinics to treat respiratory and pulmonary impairments in coal miners, thereby reducing the incidence of high-cost inpatient treatment for these conditions. The Committee believes that the added funds will enable the program managers to meet the increasing costs of health care for these aging beneficiaries.

Health care for the homeless

The Committee has included $22,230,000 to continue the program of grants to nonprofit organizations to provide outpatient health and mental health services to the homeless. This amount provided is $7,410,000 more than the fiscal year 1989 appropriation, $23,770,000 less than the House allowance, and $41,370,000 less than the amended administration request.

The Health Care for the Homeless Program provides for the delivery of primary health services, alcohol and substance abuse services, and mental health services to homeless individuals through 109 grantees, many of them community and migrant health centers, in 43 States and the District of Columbia.

The administration amended its original request of $14,820,000 for this program. The Committee has increased funding for the Health Care for the Homeless Program as well as providing increases for programs that deliver primary health care services to all underserved populations, including the homeless.

Family planning

The Committee has included $138,364,000 for grants and the operation of the family planning program. This is the same as the administration request and $44,000 more than the fiscal year 1989 appropriation. The House deferred funding for this program. The Committee has rejected the administration's proposal to fund this program through an appropriation to the Office of the Assistant Secretary for Health and has retained this program in the Health Resources and Services Administration.

The family planning program provides discretionary grant funds to States, local health departments, and private nonprofit groups to support the provision of voluntary family planning services primarily to low-income persons. The program functions through a network of clinics operated by the grantees.

National Health Service Corps

The Committee recommends $45,000,000 for the National Health Service Corps [NHSC] Field Program. This amount is $5,134,000 more than the fiscal year 1989 appropriation, $5,000,000 over the House allowance, and is $25,000,000 more than the administration request.

The National Health Service Corps improves access to health care by placing health professionals in underserved areas. Since its inception, the NHSC has placed over 13,000 health professionals in communities which otherwise would not be able to attract providers. In fiscal year 1989 there is a continuing shortfall between the demand for medical manpower and the supply of available NHSC practitioners.

The Committee has included $45,000,000 for the NHSC to support a federally salaried field staff to provide practitioners for those high-need areas in the Nation that are unable to recruit and retain health professionals. This amount will continue and expand NHSC site development, recruitment, placement, and oversight responsibilities which are so important to the successful provision of health care in rural and underserved areas.

National Health Service Corps scholarships

The Committee recommends $2,000,000 for the National Health Service Corps Scholarship Program. This is $2,000,000 less than the House amount. There was no appropriation for fiscal year 1989 and the administration requested no funding for NHSC scholarships in fiscal year 1990.

The scholarship program provides tuition, fees, and stipend support to enable medical and dental students to complete their professional education. Former recipients of exceptional financial need [EFN] scholarships are given preference in new awards in return for an agreement to serve in health manpower shortage areas. One year of service obligation is required for each year of scholarship support. Service obligations are for a minimum of 2 and up to 4 years.

In 1980, the NHSC Scholarship Program awarded over 3,000 new and continuing scholarships. By 1987, the number of NHSC scholarships had dwindled to just 35. Few new NHSC scholarships were awarded in the belief that a national surplus of health professionals negated the need for Federal support to correct geographic maldistribution.

However, it is now evident that free market conditions will not correct the severe maldistribution of health professionals. Opportunities, wages, and working conditions all favor areas that are not underserved; thus remote rural sites and depressed urban locations will remain less attractive sites of practice for most health professionals. The increased number of graduates from health professions and nursing schools has not met the need in these areas, and the new NHSC loan repayment programs have not generated the participation anticipated or needed.

It is the Committee's belief that funds should continue to be appropriated for the NHSC Scholarship Program to assure a long-term solution to the chronic shortages of health practitioners in underserved areas and to provide recipients of exceptional financial need scholarships an opportunity to proceed with their health professions education without interruption or the need to seek alternative sources of financial aid.

Scholarship assistance would generally be offered only to second- and third-year health professions students who indicated an intent to practice a primary care specialty. For baccalaureate nurses and physician assistants, scholarships should be available throughout their predegree programs since their educational indebtedness is generally not sufficient to attract potential applicants into a loan repayment program.

The Committee urges the NHSC to provide scholarships to train master's degree level social workers to provide case management and other medical social work services to persons afflicted with AIDS and their families in HIV-endemic areas. The Committee understands that the President's Commission on AIDS recommended that 100 NHSC slots be made available for this purpose.

The Committee again expresses its support for the NHSC increasing its commitment to the Pacific basin region and strongly urges the NHSC to work closely with the new programmatic staff assigned to Honolulu, as directed in Public Law 101-45, the dire emergency supplemental bill, to develop assignments in the newly established Native Hawaiian health centers (Public Law 100-579).

The Committee again urges NHSC to increase the number of nurses supported under the program, in order that a greater degree of cost-effective and high quality health care can be delivered to rural Americans.

Loan repayment

The Committee recommends $8,000,000 for the Loan Repayment Program. This is $4,000,000 over the House allowance, and $94,000 more than the administration's request and the fiscal year 1989 appropriation, which allowed $3,953,000 each to a Federal Loan Repayment Program and to a State-run program.

The administration's budget for fiscal year 1990 proposed eliminating funding of the Federal Loan Repayment Program in favor of the State-run effort. The Committee does not concur. State efforts to recruit and retain health care providers must be encouraged, but they cannot supplant Federal recruitment efforts. The uneven distribution of health professionals is a national problem. Health manpower shortage areas are not bound by State lines, nor do they exist only in States that have the resources to address this problem. In fact, it is the poorest and most needy States that are least able to assume the administrative costs required to address health manpower shortages. The Committee is also concerned that States without medical schools will be unable to participate in a State loan repayment program, since they cannot recruit recent graduates of programs in other States.

Central management is crucial to ensuring the most efficient use of scarce resources and maximum coordination of placement efforts. Therefore, the Committee directs the Department to maintain the Federal role in recruiting health profesionals for the National Health Service Corps by giving priority to the Federal Loan Repayment Program.

The Committee's top priority for the National Health Service Corps program remains placing health professionals in service in underserved areas. Therefore, in accordance with this program's authorization, the Committee expects HRSA to use both the scholarship and loan repayment programs to place health professionals in underserved areas. The Committee concurs with the House Committee in granting HRSA the option to use either loan repayment or scholarship funds to make provider placements, up to the total allocated to the two programs.

Hansen's disease

The Committee has included $18,493,000 for the Hansen's Disease Program, the same as the administration request and the House allowance, and $217,000 more than the appropriation for fiscal year 1989.

The funds allowed would support continued health care to a rotating resident population of approximately 195 patients at the Gillis W. Long Hansen's Disease Center in Carville, LA, 5,000 patients now being served by the 12 sites of the regional Hansen's Disease Program, and continued support of the existing training and research activities at Carville.

Pediatric emergency care

The Committee has included $4,000,000 to continue the pediatric-EMS initiative. This is $1,036,000 more than the fiscal year 1989 appropriation. The President's budget included no funds for this request and the House Committee concurred with the administration.

The Committee was pleased to learn of the Department's plans for having the Institute of Medicine develop a comprehensive study in the pediatric-EMS area. As indicated elsewhere in the report, the Committee expects HRSA to make nursing funds available this fiscal year to be used by certain of the grantees supported under this initiative. HRSA pediatric-EMS staff should also work closely with the CDC staff responsible for the injury prevention initiative. The Committee again expresses its strong interest in having at least one demonstration site address the unique problems of rural America, as well as one primarily addressing mental health issues.

Payment to Hawaii

The Committee has included $3,260,000 for the payment to Hawaii. This is $500,000 more than the administration's request and the same as the House allowance and the fiscal year 1989 appropriation.

Payments are made to the State of Hawaii to support part of the cost for care and treatment of persons with Hansen's disease. The Committee sees no reason to reduce the proportion of the cost that the Federal Government contributes to the State of Hawaii from 84 percent to 68 percent, as the administration proposes.

Office of Rural Health Policy

The Committee recommends $3,500,000 for HRSA's Office of Rural Health Policy. This amount is $2,018,000 more than the fiscal year 1989 appropriation, $150,000 more than the House allowance, and $400,000 more than the budget request.

The funds will support the five current rural health research centers, and allow for creation of up to four new centers. The office should continue its policy of coordinating research among the rural health research centers.

The Committee is concerned that research must be expanded on farm safety issues and the health problems of rural minorities. The

Committee recommends that additional centers be developed addressing these concerns.

The funds provided will also support the office as the departmental focal point for coordinating national efforts to strengthen and improve the delivery of health services to populations in rural areas. The Committee expects these funds will enable the office to continue supporting the activities of the National Advisory Committee on Rural Heatlh, and to begin operating a clearinghouse for collecting and disseminating information and research findings related to the delivery of health services in rural areas.

The Committee notes that osteopathic medical schools conduct effective rural training programs and place significant numbers of graduates in rural areas. Yet the National Advisory Committee on Rural Health does not include a representative of osteopathic medical education. The Committee believes rural health policy would benefit from the use of osteopathic medical training models, and, therefore, recommends that the Secretary allow for the permanent appointment of a representative of osteopathic medical education to the National Advisory Committee on Rural Health as soon as practicable.

Health care services in the home

The Committee recommends $3,500,000 for health care services in the home. This is $1,030,000 more than the fiscal year 1989 amount. The administration requested no funds for this program and the House Committee concurred with this request.

This program provides grants to States for demonstration projects to identify and assist individuals who could avoid institutionalization if home health services were made available, and to coordinate the provision of home health services and other long-term care services in the home.

Federal employees occupational health

The Committee believes the Public Health Service proposal to reassign Division of Federal Employee Occupational Health Nurses in the Washington, DC, area and to designate these nurses as resource nurses, contravenes the express direction of this Committee that Government health units be staffed with full-time Federal occupational health professional positions. Therefore, the Committee directs the Public Health Service to submit a report within 90 days explaining the impact of the proposal on the quality of health care provided Federal employees and its effect on the rights of the full-time nursing staff.

HEALTH PROFESSIONS

For health professions, the bill includes $221,330,000, an increase of $20,118,000 over the fiscal year 1989 appropriation and $12,756,000 over the House allowance. The administration did not request funding of these programs in fiscal year 1990, then amended its request, to seek funding of $42,871,000. These national programs significantly influence the type and quality of health care available to current and future generations of Americans. The programs address the need to assure Americans of high-quality health care by competent practitioners, to keep the doors of our health professions schools open to academically qualified students, regardless of their economic background, and to improve the training opportunities available to health care personnel for treating infants and children, people with HIV, and an increasing elderly American population.

The Committee has provided increases for a number of primary care programs as part of its rural health care initiative. Rural communities are suffering from severe shortages of health care providers, and has taken these steps to increase the numbers of urgently-needed primary health care professionals in rural areas.

The Committee expects that the Department will use the increased funds to alleviate shortages of health professionals in underserved areas by establishing a high priority for programs that increase the recruitment and retention of students from rural and underserved areas, and make practice in rural and underserved areas a more attractive career choice.

Exceptional financial need scholarships

The Committee recommends $6,709,000 for the Exceptional Financial Need Scholarship Program. This is $131,000 more than the appropriation for fiscal year 1989 and the amount requested by the administration in its amended proposal for this activity in fiscal year 1990. The amount provided is $191,000 less than the House amount.

This program assists persons with limited resources to enter a health professions school by providing students in postbaccalaureate study with comprehensive scholarship support. Priority is given to medical, osteopathy, and dentistry schools. These students, because of their economic background, often find it very difficult to take on major loan commitments while they are trying to pursue educational training.

Excellence in minority health

The Committee has included $9,396,000 for fiscal year 1990, the same the fiscal year 1989 appropriation, the House allowance, and the amended administration request.

In fiscal year 1988, this Committee added the Excellence in Minority Health Program to the HRSA appropriation as a means of strengthening the national capacity to educate minority students in the health professions.

This program is directed toward institutions that have produced a significant proportion of the Nation's minority health professionals. Funds are to be used for recruitment and academic support of students, curricula development, faculty training and improvements, and institutional planning and upgrading.

The Committee has continued the bill language which ensures that a wide range of health professional programs are eligible for support under this important initiative. The Committee was distressed to learn that in fiscal year 1989, the Department limited the pool of eligible recipients to only those schools which the original authorization bill would have covered. Specifically, the University of Hawaii School of Public Health was not allowed to compete, thus significantly limiting the range of minorities supported by the program. The Committee feels that all minorities, including those representing the peoples of the Pacific basin and American Indian tribes, should be deemed eligible under this initiative and further requests HRSA to give significant attention to the importance of geographical balance in allocating this year's funding.

Public health capitation

The Committee allows $3,000,000 for the Public Health Capitation Program for fiscal year 1990. This is the same as the House allowance and the fully authorized amount for fiscal year 1990. No funds were requested by the administration for this program.

Public health capitation grants provide financial support to 24 schools of public health with an estimated enrollment of 8,542 to assist them in meeting the costs of their educational programs. Support for these schools is integral to the national initiative to improve the health status of Americans through health promotion and disease prevention programs and to provide for an adequate supply of public health personnel, who frequently deal with catastrophic health care problems and crisis disease situations.

Graduate programs in health administration

The Committee recommends $1,610,000 for graduate programs in health administration for fiscal year 1990. This is $200,000 more than the appropriation for fiscal year 1989 and the House allowance. The administration did not request funding for this program for fiscal year 1990.

This program provides grants to public or nonprofit private educational entities, including schools of social work but excluding schools of public health, to support the expansion and improvement of graduate programs in health administration, hospital administration, and health planning.

Public health traineeships

The Committee has included $3,260,000 for public health traineeships for fiscal year 1990. This is $441,000 more than the appropriation for fiscal year 1989 and the House allowance. The administration requested no funds for this program for fiscal year 1990.

This program develops improved leadership and management capability by strengthening graduate level preparation to improve the ability of the health care system to respond to new challenges resulting from industrialization and an economically and socially complex and changing society. Major emphasis in this traineeship program is placed on enabling health professionals from a variety of backgrounds to acquire the public health training necessary to deal effectively with catastrophic health care problems and crisis disease situations.

Health administration traineeships

The Committee has included $700,000 for health administration traineeships for fiscal year 1990. This is $230,000 more than the appropriation for fiscal year 1989 and the House allowance. The administration did not request funding for this activity for fiscal year 1990.

Grants are awarded to public or nonprofit educational institutions, excluding schools of public health, to support traineeships for graduate study in accredited programs in health and hospital administration, or health planning and policy analysis, so that health administrators and managers are prepared to address the increasingly complex health care system. The Committee recognized that major changes in ownership of health care facilities, trends toward profitmaking, marketing, increased use of ambulatory care, outpatient, automation, and labor-saving devices, as well as the impact of changes in the financing of health care require administrators and managers with varied skills and sophistication in many new areas.

Preventive medicine residencies

The Committee recommends $1,900,000 for preventive medicine residencies for fiscal year 1990. This is $397,000 more than the 1989 appropriation and $350,000 over the House amount. The administration requested no funds for this program in fiscal year 1990.

The Nation is facing a projected shortage of 1,750 preventive medicine physicians by 1990. This program provides grants and contracts to schools of medicine, osteopathy, and public health to assist in the planning, development, and operation of physician residency training programs in preventive medicine. The program also provides financial assistance to residents who plan to specialize or work in preventive medicine. Physicians trained in preventive medicine help reduce the need for, and consequently the cost of, health care.

The Committee strongly urges that these funds be targeted toward primary care preventive medicine programs, emphasizing placement of graduates in primary care settings.

Family medicine residencies and training

The Committee recommends $33,200,000 for family medicine residencies and training for fiscal year 1990. This is $1,058,000 over the fiscal year 1989 appropriation and $300,000 less than the House allowance. The administration's 1990 request did not include funds for this activity.

This program provides grants and contracts to hospitals and medical schools to support predoctoral, internship, faculty development, and residency programs in family medicine. The program also provides financial assistance to students who plan to practice family medicine. The Committee believes that primary care training leads to long-term savings since primary care practice emphasizes health promotion and disease prevention as well as curative care and less expensive outpatient care. Family physicians, in particular, are meeting community needs for patient care in small towns, rural communities, and inner cities.

General dentistry residency training

The Committee recommends $4,000,000 for this program in fiscal year 1990. This is $1,394,000 more than the fiscal year 1989 appropriation and the same as the House. The administration did not request any funds for this program.

The national demand for general dentistry residencies by recent graduates exceeds the current U.S. training capacity. The Committee has provided increased funds to allow for a much-needed expansion of the general dentistry program in fiscal year 1990. The Committee recognizes that the general dentistry residency program improves the access of the elderly, the disabled, and the poor to dental health services, and reduces the necessity for referrals to specialists. The Committee directs that HRSA will establish a new priority, beginning in 1990, for programs that increase the recruitment and retention of dentists in rural and underserved areas and make practice in these areas a more attractive career choice.

In the past, program objectives favored the creation of new programs of residency training over expansion of existing programs. However, in order to address the existing shortage and the projected increase in the shortage of dentists, the Committee suggests the Department give equal weight to expansion of existing programs and creation of new programs, with funds used to expand the number of residency slots in the most cost-efficient manner.

General internal medicine and pediatrics

The Committee recommends $17,900,000 for the General Internal Medicine and Pediatrics Program for fiscal year 1990. This amount is $517,000 more than the fiscal year 1989 appropriation and $200,000 less than the House. No funds were requested by the administration for this program.

This program provides grants and contracts to hospitals and medical schools to support residencies in internal medicine and pediatrics. Programs supported must help maintain a sufficient supply of physicians oriented to programs which emphasize continuity, ambulatory, preventive, and psychological aspects of medical practice and demonstrate a commitment to primary care. Grants may also include support for faculty.

Family medicine departments

The Committee has included $6,700,000 for family medicine departments for fiscal year 1990. This is $122,000 over the appropriation for fiscal year 1989 and $200,000 under the House allowance. The administration did not request funding of this program in 1990.

The Family Medicine Departments Program provides grants to schools of medicine to provide an administrative base for family medicine activities. Program activities include pilot testing of curriculum components, and for planning and developing model predoctoral, faculty development, and graduate medical programs, with increased emphasis on the prevention, recognition, and treatment of alcohol abuse and alcoholism which are developed and integrated into the family medicine unit. These funds will support approximately 57 projects involving over 12,000 individuals participating in the programs.

Physician assistants

The Committee has recommended $5,100,000 for physician assistant training in fiscal year 1990. This is $589,000 more than the appropriation for fiscal year 1989 and $450,000 more than the House amount. No funds were requested by the administration for this program.

The physician assistants program provides grants or contracts to schools of medicine and osteopathy and other public or nonprofit private entities to plan, develop, and operate or maintain physician assistant training programs. Studies have shown that 39.9 percent of PA's are in communities of less than 50,000 and that approximately 66 percent of PA's practice in primary care settings, of which 18.6 percent are located in communities under 10,000 population. The results of a 1981 national survey indicated that over 30 percent of PA's were practicing in medically underserved areas. Studies show the average charges per visit to patient or third party payors are lower in practices with PA's than traditional practices.

Area health education centers [AHEC's]

The Committee recommends $19,000,000 for area health education centers [AHEC's] for fiscal year 1990, $2,088,000 more than the appropriation for fiscal year 1989 and $1,100,000 more than the House amount. No funds were requested by the administration for this program in fiscal year 1990.

Area health education centers help to increase the number of primary care practitioners in health personnel shortage areas, improve geographic and specialty distribution of health personnel; offer educational and professional support systems, including clinical rotations, continuing education, and learning resource centers for shortage area practices; and reinforce health promotion and disease prevention in underserved areas. These and other goals are accomplished through a partnership of Federal, State, and local agencies, training institutions, and individual practitioners.

With its focus on the training and support of providers in underserved areas, the AHEC Program plays a significant role in the recruitment and retention of health shortage area personnel by providing for clinical experiences in underserved areas; and the necessary support systems such as multidisciplinary referral, backup and consultation and learning resources to reduce professional isolation and to assure that practitioners can deliver quality services. In addition, all AHEC's provide continuing medical education for multidisciplinary professionals, who are predominately located in health manpower shortage areas.

Each of the current 17 recipients is required to conduct at least 1 primary care residency training program in 1 of the centers receiving support. These centers include areas that have been designated as health manpower shortage areas. A total of 38 residency programs, which train an estimated 460 residents each year, are currently supported.

The Committee urges HRSA to allocate a portion of the funds provided to special initiative projects, giving special consideration to those in economically depressed areas that are also health manpower shortage areas.

Health education and training centers [HETC's]

The Committee recommends $3,000,000 for health education and training centers. This is a new program, for which the administration requested no funds. The House provided $4,000,000.

The HETC Program will encourage cooperation among Federal, State, and local agencies, training institutions and practitioners to assess health personnel needs and establish educational support systems to meet the needs in counties in proximity to the United States-Mexico border and in other areas with serious unmet health needs.

The HECT's differ from the AHEC's in that they will modify their educational interventions to focus on areas of exceptionally low density population as well as exceptional needs, such as the Pacific basin, frontier rural areas, the United States-Mexico border, American Indian reservations, and settlements of recent refugees. Although funded through schools of allopathic/osteopathic medicine and schools of public health, training will also focus on use of nurse practitioner/physician assistants, allied health personnel, and other care givers relevant to primary care delivery in these areas of exceptional needs.

The House Committee provided funds only for health education and training centers located in areas along the United States-Mexico border. The Committee has provided funds for health education and training centers in all areas of exceptional need. Consistent with the authorizing law, funds would be divided equally between border centers and centers in other areas.

Health professions data analysis

The Committee has included $1,879,000 for the health professions analytical studies and reports program for fiscal year 1990. This is $800,000 less than the appropriation for 1989 and the same as the House amount. No funds were requested by the administration for this program.

This program provides resources essential for the formulation of national health policy through the collection and analysis of information and data on the health professions not available through any other source. Funds are used to identify, designate, and review health professions shortage areas and mental health professions shortage areas throughout the country. One of the major products has been a biennial report to the President and the Congress of the status of health personnel in the United States.

The Committee is keenly interested in the supply and demand of health care professionals in rural areas. To obtain a clearer indication of this situation, the Committee recommends that studies undertaken by HRSA designate results so that the supply of health care providers may be distinguished by rural and urban areas.

Disadvantaged assistance

The Committee has recommended $26,897,000 for the Disadvantaged Assistance Program in fiscal year 1990. This is the same as the appropriation for fiscal year 1989 and the amended administration request for this program, and $1,103,000 less than the House amount.

The Disadvantaged Assistance Program is the principal Federal health training activity for underrepresented minorities and other students who are financially or otherwise disadvantaged and who are interested in pursuing a health career. Awards are made through grants and contracts directly to public and nonprofit private health or educational entities to support recruitment, retention, and placement of students. Stipend support is available for over 500 disadvantaged students of exceptional financial need who are enrolled in a school of medicine, osteopathy, or dentistry.

The Committee is concerned that many minority health professions schools may not be receiving health careers opportunity awards in proportion to the numbers of minority students they train. The Committee urges the Department to undertake an initiative to ensure that these institutions are competitive in applying for HCOP grants, so that funds may distributed equitably.

The Committee encourages support for innovative projects that address the special needs of disadvantaged students, and urges the Secretary to make available additional funds to support the efforts of community-based organizations, working in partnership with local schools, universities, and businesses, to operate programs that assist disadvantaged youths in preparing for technical and professional health careers. Partnerships should include in-kind contributions from schools, universities, and businesses, and involve health professionals serving as preceptors and counselors.

Allied health grants and contracts

The Committee recommends $2,000,000 for allied health grants and contracts, as authorized by section 624 of Public Law 100–607. No funds were requested by the administration for this program in fiscal year 1990 and the House did not provide funds.

This program is intended to improve and strengthen allied health program administration and faculty, expand enrollments in those allied health professions in greatest demand to meet the needs of the elderly, provide for interdisciplinary training in allied health, and strengthen curriculum in areas of special need such as geriatrics, long-term, home health and hospice care.

The Committee is concerned over the growing shortages of allied health care providers. Specifically, shortages of occupational and physical therapists, speech language pathologists, audiologists, and medical laboratory technologists are severe. According to the Bureau of Labor Statistics, the demand for the number of these allied health disciplines will grow by over 50 percent by the end of the 1990's. As part of its rural health initiative, the Committee places a high priority on projects designed to improve the recruitment of individuals from rural and underserved areas into the allied health professions.

Interdisciplinary traineeships

The Committee recommends $5,000,000 for interdisciplinary traineeships for rural health care practice. No funds were requested by the administration for this program and the House did not provide funds.

This program will provide grants to health professions programs that offer interdisciplinary training designed to increase recruitment and retention of health care professionals in rural areas. Essential elements of these training projects will be (1) interdisciplinary training in order to prepare students from various disciplines to practice together; and (2) clinical training experiences in rural health care settings in order to expose and hopefully attract students to rural practice. The program emphasizes development of new and innovative methods to train health care practitioners to provide services in rural areas, increase recruitment and retention of health care practitioners in rural areas, and deliver health care services to the residents of rural communities.

Health professions special projects

The Committee recommends $2,849,000 for these programs. This is $500,000 more than the fiscal year 1989 appropriation and $349,000 over the House amount. No funds were requested by the administration for this program in fiscal year 1990.

This program supports grants to 2-year schools of medicine or osteopathy and projects at hospitals and podiatry schools for residency training in primary care. By law, 20 percent of the appropriation is reserved for 2-year schools, and 25 percent is reserved for the podiatric residency program.

The program also makes available grants to health professions schools for model projects in areas related to faculty and curriculum development. In fiscal year 1990, the Committee understands that a competitive grant cycle will take place that will support projects in informatics, outcome measures relative to faculty effectiveness and instructional methods, alternative approaches to clinical training, and/or lifelong nontraditional learning experiences. Consistent with section 788(b)(1)(B) of the Public Health Service Act, grants for these model projects will be distributed among the various eligible health disciplines.

The Committee recognizes that the country is currently experiencing a critical shortage of podiatrists, especially those trained to provide comprehensive primary care health services. To help meet the growing demands for foot care, particularly among the elderly and those living in medically underserved areas, the Committee has provided $712,000 to support primary care residency projects, as authorized under section 788(e) of the Public Health Service Act.

Geriatric projects

The Committee recommends $14,300,000 for geriatric projects in fiscal year 1990. This is $528,000 more than the fiscal year 1989 appropriation and the same as the House. The administration did not request any funds for this program in fiscal year 1990.

The Committee recognizes that there is a severe shortage of geriatric physician faculty in addition to physicians and other health professionals who are trained to meet the special needs of our growing elderly population. The Committee is very concerned about the future trends in health care for the aged. Between now and the year 2000, the size of the population group aged 55 and older is expected to increase 19 percent; aged 65 and older will increase 27 percent; and aged 75 and older will increase by over 50 percent. Therefore, the Committee directs that these funds be used to continue the growth of geriatric education centers to improve the training of physicians and faculty in geriatrics, and to continue health promotion and disease prevention activities. The amount provided includes $9,848,000 to continue geriatric education centers and $3,952,000 for the training and development of faculty to teach geriatric health care practices.

Pacific basin initiative

The Committee has included $3,000,000 in order to continue the critical Pacific basin public health initiatives. It is the Committee's intent that $1,660,000 of these funds will be targeted for the medical officers training project, which is the Committee's top priority. The program provides training for approximately 100 Micronesian medical officers to provide primary health care coverage in the severely underserved area of American Samoa and the trust territories of the Pacific basin. The course of study is 5 years and each class trains 25 students. Upon completion of their training, graduates are expected to replace the groups of physicians who are retiring or who are deceased.

The additional funds shall be used for a wide range of preventive activities. The San Francisco regional health administrator and his immediate staff remain responsible for administering this initiative, and the Department for providing the administrator with appropriate staff and resources for managing this initiative. Professional nursing remains a high priority. It is the Committee's intent that the regional staff will work closely with the Pacific Basin Health Services Council, an entity established by the Governor of the State of Hawaii, in order to ensure that appropriate attention is given to the recommendations of the public health leadership of the Pacific basin in establishing this year's programmatic priorities.

Native Hawaiian health care

The Committee has provided $1,700,000 for the native Hawaiian health care initiatives contained in Public Laws 100–579 and 100–713. It is the Committee's intent that $800,000 of this amount shall be used to implement the native Hawaiian health professions scholarship program, to be administered as authorized by the Kamehameha Schools/Bishop Estate in Hawaii. An additional $700,000 shall be used to develop the native Hawaiian comprehensive health care master plan, and the remaining $200,000 shall be used by the Secretary to enter into an agreement with the native Hawaiian organization Papa Ola Lokahi for administrative and programmatic purposes, as proposed by statute.

The Committee further recommends that the Public Health Service programmatic staff newly assigned to Hawaii, as required by the fiscal year 1989 supplemental appropriations bill (Public Law 101–45), work closely with the Kamehameha Schools/Bishop Estate and Papa Ola Lokahi to ensure that other relevant programs of the Department become aware of, and assist in, the effective development of these new initiatives.

Special grants to hospitals

The Committee has provided no funds for special grants to hospitals in fiscal year 1990. In 1989, $1,360,000 was provided to four hospitals through an across-the-board cut of health professions programs mandated by Public Law 100–607. The Committee has included bill language overriding the across-the-board cut in health professions education programs.

Advanced nurse training

The Committee recommends $13,000,000 for advanced nurse training for fiscal year 1990. This is the fully authorized amount for this program, the same as the House allowance, and $4,175,000 less than the appropriation for fiscal year 1989. No funds were requested by the administration for this program in fiscal year 1990.

This program provides institutional support, through grants or contracts, to nursing schools to prepare professional nurses at the master's or higher level to teach, to serve in administrative or supervisory capacities, or to serve in other professional nursing specialties. Grants may be used to plan and develop new programs or maintain or expand existing ones.

The Committee was very pleased to learn that HRSA has finally agreed to fund a limited number of nursing mental health training applications, rather than continue to refer all such applications to NIMH. There is a serious shortage of mental health nurses, especially within State mental health programs. Accordingly, HRSA is urged to continue to support quality mental health nursing applications during this fiscal year.

Nurse practitioners and nurse midwives

The Committee has included $13,674,000 for the nurse practitioner program for fiscal year 1990. This is $1,897,000 more than the appropriation for fiscal year 1989 and $1,474,000 more than the House amount. No funds were requested by the administration for this program.

This program provides grants to public or nonprofit hospitals and other entities to meet the costs of programs preparing nurse practitioners and nurse midwives to work in settings such as the home, ambulatory, and long-term care facilities and other health institutions.

The Committee has increased funding for this program due to the extreme shortage of nurse practitioners in primary care settings, especially in rural health clinics and other rural practice settings.

Nurse special projects

The Committee recommends $13,768,000 for nursing special projects for fiscal year 1990. This is $1,796,000 more than the appropriation for 1989 and $1,368,000 more than the House amount. No funds were requested by the administration for this program in fiscal year 1990.

The nursing special project authority provides support to public and private entities to support the specific objectives of this program which include: continuing education for nurses; demonstrating improved geriatric training in preventive, acute, and long-term care; increasing the supply of trained nursing personnel to meet the health needs in rural areas; providing career mobility for licensed practical nurses, nursing assistants, and other paraprofessional nursing personnel; demonstrating methods to improve access to nursing services in nontraditional settings; and demonstrating innovative nursing practice models designed to reduce vacancies in professional nursing positions.

In establishing this year's programmatic priorities, the Committee recommends that HRSA give serious consideration to projects in the areas of improving access to care in rural America, interdisciplinary initiatives (including, for example, nursing and psychology), recruiting Asian Americans into the nursing profession, and international health care. The Committee feels that each of these areas has tremendous potential for constructive development. The Committee further directs HRSA to set aside funds to be targeted toward the development of nursing expertise in the area of pediatric-emergency medical care. In developing this initiative, the Committee feels that a special effort should be made by HRSA's nursing personnel to work collaboratively with the HRSA pediatric-EMS staff.

The Committee is pleased to learn about an innovative practicum training program for graduate level nurses, sponsored by the American Red Cross. The program would provide clinical practicum experiences in the areas of disaster nursing, community education, and administration. The predominant focus of all practicum programs will be on health promotion and disease prevention, areas which are the primary concerns of nursing. This program will offer practical training which has not been made previously available to graduate nurses.

Professional nurse traineeships

The Committee has included $14,288,000 for the Professional Nurse Traineeships Program for fiscal year 1990. This is $1,529,000 more than the appropriation for fiscal year 1989 and $1,088,000 more than the House allowance. No funds were requested by the administration for this program in fiscal year 1990.

The objective of professional nurse traineeships is to provide support to registered nurses enrolled in programs of advanced nursing education, including preparation for teaching, administration, supervision, clinical specialization, research, and preparation to serve as nurse practitioners and nurse midwives.

The Committee is keenly aware of the shortage of adequately prepared leadership personnel in nursing. In fiscal year 1984, there were an estimated 90,500 registered nurses prepared at the advanced level. It is projected that by the year 2000 at least 500,000 registered nurses should have postbaccalaureate training to keep abreast of changing technologies occurring in the health care delivery system.

Nurse anesthetists traineeships

The Committee recommends $1,500,000 for the Nurse Anesthetists Program for fiscal year 1990. This is $716,000 more than the fiscal year 1989 appropriation and $700,000 more than the House allowance. No funds were requested by the administration for this program in fiscal year 1990.

This program provides tuition, fees, stipends, and travel costs to help relieve some of the financial burdens which deter students from entering this field. Approximately one-half of all anesthesia care in the United States is provided by nurse anesthetists, and over two-thirds of the current supply of nurse anesthetists deliver cost-effective services in small hospital settings in medically underserved areas.

The number of nurse anesthesia programs has declined dramatically in recent years, from 194 in 1976 to 80 in 1989. This has reduced by one-half the number of graduates from these programs. With the additional funds provided, the Committee expects that additional programs could open in fiscal year 1990.

Nurse faculty fellowships

The Committee recommends $250,000 for nurse faculty fellowships for fiscal year 1990. This amount is $830,000 less than the appropriation for fiscal year 1989 and $250,000 more than the House allowance. No funds were requested by the administration for this program.

These fellowships are intended to support the advanced education of faculty who teach in schools of nursing. The Committee has noted the Institute of Medicine study reporting that State boards of nursing increasingly require that the deans and faculty of nursing schools hold graduate degrees. Accordingly, the Committee has reduced funding for this initiative.

Nursing loan repayment

The Committee recommends $1,750,000 for the nursing loan repayment program authorized by section 714 of Public Law 100-607. No funds were requested for this program, and the House did not provide funds.

This program offers loan repayment to nurses in exchange for an agreement to serve not less than 2 years in a public hospital, a community or migrant health center, a rural health clinic, an Indian Health Service health facility, a native Hawaiian health center, or a health facility determined by the Secretary to have a critical shortage of nurses.

The Committee believes loan forgiveness in exchange for a service payback will encourage nurses to practice in underserved communities, which are critically short of nurses.

Undergraduate scholarships

The Committee has not provided an appropriation for undergraduate scholarships in fiscal year 1990. The administration requested no funds, and the House provided $4,000,000. This new program is already funded with nursing student loan revolving funds that are not used to make loans. In fiscal year 1989, $1,600,000 of unused loan funds will be used for undergraduate scholarships. It is expected that $3,000,000 will be available in fiscal year 1990 for undergraduate scholarships.

Loan revolving funds

The Committee concurs with the House Committee in modifying language proposed in the budget request that makes excess balances in the health professions and nursing loan revolving funds available for other programs of the agency. The Committee intends that $10,000,000 of excess funds in the revolving loans funds will be used to offset the costs of the health professions and nursing education programs. The Committee expects HRSA to use the funds from the health professions loan fund to offset costs of health professions programs, and funds from the nursing loan funds to offset costs of nursing education programs.

MATERNAL AND CHILD HEALTH AND RESOURCES DEVELOPMENT

Maternal and child health block grant

The Committee recommends $564,268,000 for the Maternal and Child Health [MCH] Block Grant Program. This is $10,000,000 more than the administration request and the fiscal year 1989 appropriation, and $7,268,000 over the House allowance.

The Committee directs that, of the amount recommended, $563,268,000 be distributed to the States as block grants to support projects designed to improve the quality and availability of services for mothers and children, and $84,490,000 be used for special projects of regional or national significance [SPRANS].

In addition to increasing funds for the maternal and child health block grant, the Committee has provided an additional $1,000,000 for maternal and child health handbooks. The handbooks will provide a home-based health record and basic information on health and development to pregnant women and new families. They will be used to encourage early enrollment and more consistent use of preventive health care services—prenatal and well-child care in particular; facilitate continuity of care for pregnant women and new mothers; educate parents about the health care needs associated with pregnancy, infancy, and early childhood; facilitate communication and rapport between parents and health care providers; encourage women and parents to take an active role in their own care and the care of their children resulting in more appropriate and less costly use of preventive and acute care services; and provide direct access to the health history of pregnant women and children, which can reduce the need for costly duplication of tests and services.

The MCH block grant is a principal source of support to assist the States in their efforts to provide adequate health care for mothers and children who otherwise do not have access to such care. The Committee encourages States to plan and implement statewide one-stop-shopping strategies for reducing the rate of infant mortality.

For the past several years, the Committee has received testimony, as well as formal reports from the Department and GAO, highlighting the various employment and health care needs of American Samoans. The Committee understands, for example, that in Hawaii 74 percent of all women with live births receive prenatal care during the first trimester, compared with 42 percent of Samoan women. Further, of all live births among Samoan women, 34.2 percent were born out of wedlock, as compared with 21.4 percent for the State of Hawaii as a whole. Similar statistics exist in the area of teenage pregnancy, with the rate for Samoans being 5.2 per 1,000, vs. 3 per 1,000 for the State as a whole. Apparently, there has also been a significant increase in reported child abuse within the past year. Accordingly, the Committee strongly urges HRSA to make this population a high priority and to develop programmatic initiatives that effectively address their pressing health care needs. The Committee suggests that the Department work closely with the Samoan Service Providers Association, an American Samoan organization in the State of Hawaii, in developing and implementing its plans for reducing these adverse health statistics in a timely fashion.

The Committee understands that MCH had planned to have a study conducted by the Institute of Medicine in order to develop a long-term plan for pediatric care utilizing emergency medical services. Since the study has not been conducted in fiscal year 1989, the Committee requests that it be completed for fiscal year 1990.

The Committee is concerned about the growing number of children and youth from low-income families with public or private health insurance. The Committee requests the Office of Maternal and Child Health to explore the potential of establishing a mechanism that would provide consultation and technical assistance to entities interested in facilitating the provision of basic health care to these children through innovative funding mechanisms.

The Committee is supportive of efforts to promote development of regional perinatal care systems to combat infant mortality. In order to determine which medical interventions lead to the best outcomes for patients treated, the Committee believes data must be collected and analyzed comparing interventions and outcomes at community hospitals and the regional hospitals treating patients referred by community hospitals.

The Committee is aware of a perinatal information network at the Medical University of South Carolina serving 10 hospitals in a seven-county region. This data network contains detailed medical information on over 40,000 deliveries, over 1,600 high risk maternal and neonatal transports, and over 5,000 clinic visits to its high-risk developmental followup program. The Committee believes that data from this network, analyzed appropriately, could render maternal and infant outcomes information that would be useful to better managing the existing perinatal care system in South Carolina and developing other regional perinatal care systems. The Committee hopes the bureau can support this type of effort.

The Committee applauds the SPRANS program giving special focus to innovative, comprehensive programs dealing with adolescent pregnancy. The Committee is aware of such a program offering parenting skills and family planning to teenage obstetrical patients in a four-county area in rural northwest Mississippi where teenage pregnancy ranges from 30.4 percent to 36.2 percent of live births and infant mortality ranges from 19.1 to 23.5 deaths per 1,000. The Committee urges MCH to assist this effort in any appropriate manner.

The Committee is impressed with the successful efforts of the Omaha Housing Authority to address the multifaceted needs of its residents, including housing, education, clothing, day care, and health care. The Committee is also aware of the housing authority's proposal to work with the Omaha medical and social services community to provide a comprehensive program of prenatal and perinatal care for residents of Omaha public housing projects. This innovative proposal is intended to demonstrate the potential for reducing the infant mortality rate among a population in public housing by providing on-site care, home visits, and careful medical and social service followup. The Committee urges MCH to support such innovative infant mortality reduction demonstration projects.

The Committee is concerned about continuing funding inequities within the network of university affiliated programs [UAP's] supported through the Bureau of Maternal and Child Health. The UAP's train pediatricians and other health professionals in treatment techniques for children and adults with developmental disabilities including mental retardation and cerebral palsy. This national network provides direct clinical services to almost 24,000 disabled persons every year.

The Committee is disturbed that many high quality programs of longstanding, and new UAP's created within the last few years, receive less than one-half the Federal financing support of their colleagues, but are charged with meeting the same performance standards. The Committee urges the Bureau to correct the inequitable funding situation within its set-aside for SPRANS.

The Committee notes that Indian children under age 5 have a higher rate of developmental disabilities and handicapping conditions than other children in America. Public Law 99–457 provided a framework to coordinate and integrate family support efforts, but there are not yet developmentally appropriate therapeutic service delivery programs incorporating community-based, family-centered care to families with special needs in Indian communities. The Committee urges HRSA, acting through the Bureau of Maternal and Child Health and Resources Development, to initiate a model comprehensive home-and center-based program serving native Americans in fiscal year 1990.

Organ transplants

The Committee recommends $4,940,000 for HRSA organ transplant activities. The amount provided is the same as the fiscal year 1989 appropriation, $1,940,000 above the House allowance, and $3,340,000 above the President's budget request.

The Committee recommendation includes $1,440,000 to continue the development of a scientific registry of organ transplant recipients leading to evaluation of the scientific and clinical status of organ transplantation; $1,500,000 to support the national network matching organ donors with potential recipients of organs; $1,500,000 to operate HRSA's Office of Organ Transplantation; and $500,000 to support conferences and workshops to educate the public and health professionals about organ donations and organ transplants.

Health teaching facilities interest subsidies

The Committee recommends $494,000 for interest subsidies for three health professions teaching facilities. This is the same as the 1989 appropriation, the House amount, and the same as the administration's request for fiscal year 1990.

ACQUIRED IMMUNE DEFICIENCY SYNDROME [AIDS]

The Committee has included $153,324,000 for AIDS health care demonstrations, community health care services, training and education for health care workers, training for AIDS counselors, and renovation/construction of nonacute care facilities. This amount is $96,153,000 more than the comparable fiscal year 1989 appropriation, $88,331,000 above the House allowance, and $100,640,000 above the administration request.

The HRSA role in the national battle against AIDS incorporates a broad range of service and education/training projects in keeping with the agency's functional responsibilities. The HRSA AIDS program calls for a multifaceted program of AIDS education for practitioners, curricula development in AIDS, AIDS training for supporting health workers, demonstrations of community efforts in AIDS treatment, demonstrations of care and management of pediatric AIDS patients, service models in low prevalence areas, AIDS facilities renovation, and community health care services for persons with HIV infection.

AIDS service demonstrations

The major emphasis of HRSA in addressing the health and medical care needs created by the HIV epidemic is to facilitate the enhancement of health care delivery by building on existing services and systems. This goal requires the organization of comprehensive service delivery systems, heretofore, incompletely developed or missing entirely in many communities. Particularly difficult are the burdens that have been placed on those communities where the pressures of a large and increasing HIV caseload have not allowed the health care system enough time and resources to develop an appropriate response.

In response to a growing need to develop similar systems in communities other than the previously funded high incidence cities, HRSA will provide grants and technical assistance to communities with low prevalence for the development of mechanisms to coordinate care and develop integrated care delivery systems for HIV-infected persons.

The Committee recommends that $14,875,000 be directed to continue the AIDS service demonstration activities in 28 high prevalence communities and $3,952,000 be directed to 25 lower prevalance areas. These resources will support communities in determining present and future system needs, facilitate improved continuity of services through the support of case management systems, help rationalize the allocation of resources, and lead to the alteration of systems so that duplication of effort can be minimized and impediments to service access can be removed. Support for such measures, in the long run, will provide improved quality of care, increase access to services, and prove to be economically efficient.

Pediatric AIDS health care demonstration grants

The Committee has provided $15,000,000 for the pediatric AIDS program. This is $7,096,000 above the administration request and the fiscal year 1989 appropriation, and the same as the House amount.

The Committee is concerned with the growing number of children and adolescents who are contracting HIV. AIDS is now the ninth leading cause of death among children ages 1 to 4 and the seventh leading cause of death among people ages 1 to 24 in the United States. Therefore, the Committee has provided funds to continue and expand consortia to provide care and treatment to individuals under 22 years of age and their families.

These grants are awarded to projects which demonstrate strategies and innovative models of intervention in pediatric AIDS. The projects also coordinate services for children and women of childbearing age with HIV infection, AIDS or other related conditions, or those at risk for developing HIV infection and its consequences. The cost of providing a full range of services for the pediatric AIDS population is expected to continue to escalate. These high costs largely reflect daily inpatient hospital rates for children and the long periods of hospitalization these children often experience. Comprehensive ambulatory care and community-based services, which pediatric AIDS demonstration projects encourage, are expected to reduce these high costs.

Of the funds provided, the Committee directs that $2,500,000 shall be used to expand the national resource center for pediatric HIV/AIDS and develop a computerized clearinghouse of information on pediatric AIDS investigative therapies and treatment, education, and training materials. The clearinghouse should be located at an existing center recognized as a national resource center for pediatric AIDS in an urban center with a newborn seropositivity prevalency rate of no less than 1.5 percent, which serves both statewide and regional needs and is receiving funds currently from NIH and HRSA for pediatric AIDS research, training, and education. Such center would be carefully coordinated with the NIH/NIAID computerized information project, but the center will be specifically dedicated to pediatric AIDS information. This will enable Children's Hospital of New Jersey to expand its collaboration with the University of Medicine and Dentistry of New Jersey and to include within the center the significant medical and technical resources of the university.

AIDS Drug Reimbursement Program

In fiscal year 1989, $30,000,000 in AIDS funds were transferred to HRSA for the purchase of drugs to assist the victims of AIDS. This amount was supplemented by a donation of $5,000,000 from a drug manufacturer. The Committee believes this vital program must be extended to assure the availability of drugs to treat HIV infection or related conditions for low-income persons with HIV infection. Accordingly, the Committee has added $30,000,000 to the administration's funding proposal for AIDS. The Committee expects the States to provide a dollar-for-dollar match and further expects the manufacturers to provide in-kind contributions to provide a program level well over $60,000,000 for fiscal year 1990.

Funding of $30,000,000 is provided for the low-income AIDS Treatment Assistance Program. The Committee is concerned that necessary information has not been gathered. The Committee, therefore, directs HRSA to gather State-by-State data on: number of people in need of service, number receiving service, average length of service, alternative reimbursement mechanisms and income thresholds. Such information shall be made available to the appropriate committees of jurisdiction in the Congress as well as to the Secretary acting through HCFA.

Community health care services for AIDS

Currently, services in many communities which are required for persons with AIDS/HIV infection are relatively uncoordinated, fragmented, and often very expensive. Reimbursement for these services is variable and may be inadequate, particularly for out-of-hospital care, since a large and growing number of persons with AIDS are also often poor and medically uninsured, or are persons covered only by Medicaid or other forms of public assistance. If a wider range of community-oriented, coordinated, ambulatory health care were available, hospital costs and possibly other related costs would be decreased. Focusing resources on outpatient services, home health care, or hospice care is likely to improve continuity and cost of HIV/AIDS patient care.

The Committee has provided $20,877,000 for community health care services for AIDS. Of these funds, $10,921,000 shall be directed to community health facilities, including community and migrant health centers, and local public hospitals and clinics.

The Committee notes that local governments in over 30 States are health care providers of last resort, and are critical in shaping a community's response to this disease. The Committee directs that community and migrant health centers' initiatives related to HIV infection reflect collaboration and cooperation with efforts by local governments to assure a coordinated community response.

The Committee notes that, according to the Department's work group on pediatric HIV infection, AIDS can be expected to become one of the five leading causes of death among children and young people in the next few years. A recent NICHD study estimated that by 1991 there will be 10,000 to 20,000 infants born with HIV infection in the United States. At this time, approximately 100,000 women of childbearing age are infected with HIV. Yet at this time there is no targeted effort to provide family planning services to women who are HIV-positive or at risk of becoming so. Therefore, of the funds provided, the remaining $9,956,000 shall be used for grants to the network of title X clinics for an urgently needed program of outreach, counseling, and family planning services to high-risk women to prevent the spread of AIDS.

Home health services

As an adjunct of the community-based health care services for AIDS, home health services play an increasingly important role in the spectrum of care AIDS patients require. Just as subacute care facilities offer a less expensive alternative to hospitals, treatment at home provides an opportunity to keep a patient out of a subacute facility.

The Committee has included $50,000,000 for home health service formula grants to States. Funds are to be used to provide services in the home for medically and chronically dependent individuals with HIV infection, according to a plan established by health care professionals.

Subacute care

The Committee recommends $5,000,000 for subacute care demonstrations, as authorized by Public Law 100-607. The Committee is concerned that people with AIDS requiring the level of services provided by nursing homes have faced continuing problems in obtaining access to such care. Many remain in hospitals when they could receive less intensive and less costly care. These projects will help communities with the highest incidence of AIDS fill in this gap in the continuum of care for people with AIDS.

AIDS education and training centers

The HRSA network of AIDS education and training centers [ETC's] provides the specialized training needed by existing health care personnel who must care for AIDS patients; the development of model educational programs throughout the continuum of the health professions educational process; and the training of staff in federally supported entities in areas of patient/client counseling and the specific aspects of the delivery of health care to HIV-infected individuals and AIDS patients. More than 2 million primary health care providers and community service workers at inpatient and outpatient facilities throughout the United States will have to become prepared to deal with the physical, social, and psychological impact of AIDS. Furthermore, all staff of health care facilities and students in the health professions must learn about the care, treatment, and counseling of AIDS patients and HIV-infected individuals.

The Committee recommends that $14,820,000 be directed to the funding of education and training projects for health care practitioners, faculty, and students the training of provider and nonprovider staff of federally funded health care facilities and the development of curricula on diagnosis and treatment of HIV infection for health professions schools and training organizations. These funds would be available for new or continuation awards under section 301 or 788B(a) of the Public Health Service Act.

The Committee is concerned that AIDS patients suffer a high incidence of oral disease. Approximately 30 percent of the first physical manifestations of HIV infection are found in the mouth, thereby often making the dentist the first diagnostician to see the patient. As a result of the breakdown of the immune system, AIDS patients are more susceptible to severe oral herpes, rampant fungal disease, and HIV-gingivitis and HIB-periodontitis. This Committee is also aware that many AIDS patients have difficulty accessing oral health care due to a lack of insurance of a lack of the limited number of providers who deliver oral health care, in many cases unreimbursed. Therefore, the Committee directs HRSA to carefully review all of the HRSA-funded health care delivery programs to determine how oral health care services can be more effectively provided through existing programs. In addition, the Committee intends to continue to monitor the impact of unreimbursed care on oral health care providers.

AIDS facility renovation and construction

A major service gap for persons with AIDS and AIDS-related conditions is the critical lack of nonacute care intermediate and long-term care facilities and services. The care needs of AIDS patients are often too broad (nursing, psychosocial, drug therapy, social services) and too intensive to be appropriately provided by existing nonacute care facilities with their present complement of staff. Shortages are also reported in the availability of home health care, nursing home care, visiting nurse services, hospice care, and residential treatment facilities for IV drug users and others infected with HIV. Because of the intensity of services required by AIDS patients, the revenue stream is inadequate to support both the operating and capital costs of a facility. The Committee has included $4,500,000, $548,000 more than the amount requested by the administration and $597,000 more than the fiscal year 1989 appropriation for the renovation or construction of nonacute care intermediate and long term care facilities.

Included in these funds is $500,000 for planning through University Hospital/University of Medicine and Dentistry of New Jersey of a facility in Newark, NJ. Such planning shall include site selection and site preparation, determination of staffing needs and function (including subacute care, clinical care, and ambulatory care needs), assistance in expediting local coordination, and consultation with the Newark AIDS Consortium, Inc.

It is the Committee's intent that HRSA be allowed to use necessary amounts authorized for AIDS to offset support costs required to conduct new and ongoing AIDS activities.

PROGRAM MANAGEMENT/PROGRAM SUPPORT

Buildings and facilities

The Committee recommends $889,000 for maintenance and repairs to facilities at the Gillis W. Long Hansen's Disease Center. This is the same as the 1989 appropriation, the House allowance, and $889,000 more than the administration's request for 1990. This allowance will provide for routine recurring repairs and improvements, including correction of life safety code violations in the research facilities, that will ensure the continued safe and efficient operation of the center located in Carville, LA.

National practitioner data bank

The Committee recommends $2,000,000 for the national practitioner data bank. This amount is the same as the House allowance, and $766,000 less than the fiscal year 1989 appropriation. The administration requested no funds for the data bank in fiscal year 1990.

The national practitioner data bank was mandated by the Congress as part of the Health Care Quality Improvement Act of 1986, Public Law 99-660, to serve as a national source of information on malpractice judgments and settlements and various other disciplinary actions taken against physicians, dentists, and other categories of licensed health professionals. The funds provided will help finance the capital costs of the first phase of a contract to establish the data bank. The administration proposes to generate additional capital costs needed in future years, totaling approximately $13,200,000, from fees charged to users. Since a fee schedule has not been published, operating costs are not available and the data bank is not operational, the Committee believes that it is much too optimistic to anticipate the collection of user fees in the coming fiscal year an amount sufficient to cover current capital costs.

Program management and direct operations, including AIDS

The Committee has included $101,462,000 for the HRSA program management and direct operations activities for fiscal year 1990. This is an increase of $13,269,000 over the administration's request and $8,724,000 more than the fiscal year 1989 appropriation level, and $1,712,000 over the House allowance.

The Committee has restored to HRSA those programs and operating resources that the administration's request omitted. As indicated in this report, the Committee has restored or added many program functions which the administration did not propose, and it is the Committee's expectation that the administration will fully utilize all the resources provided to conduct those functions.

The Committee recognizes the valuable policy recommendations of the Council on Graduate Medical Education [COGME], and urges HRSA to continue to fund the activities of COGME within available means.

Health education assistance loans [HEAL]

The Committee recommends a $375,000,000 loan guarantee ceiling for HEAL loans to health professions students in fiscal year 1990. This is $275,000,000 more than the administration's request and $53,900,000 more than the 1989 level. In addition, any unused portion of the fiscal year 1989 ceiling may be used for HEAL loan commitments and disbursements in fiscal year 1990. The Committee also directs that loan guarantee funds under the HEAL Program in fiscal year 1990 be available without regard to any apportionments or other administrative limitations not specifically authorized by statute.

This program provides a major source of non-Federal funds to thousands of health professions students pursuing health careers at relatively low costs to the Federal Government.

Student loan insurance fund [SLIF]

Direct appropriations for the student loan insurance fund are necessary only if the student loan insurance funds (whose moneys are derived from insurance premiums charged to HEAL borrowers) are insufficient to make payments on defaulted loans. Since inception of this program in 1978 through fiscal year 1989, no direct appropriation of funds was necessary.

The SLIF was established with funds derived from insurance premiums charged to borrowers to obtain a health education assistance loan [HEAL]. The premiums as set by Congress have ranged from one-half percent at the program outset to the current 8 percent. Other deposits to the fund come from loan collections from defaulted borrowers and from interest earned from investments.

If recent trends continue (reduced disbursements of health education assistance loans and increased claims for defaulted loans), it is apparent that the SLIF account will become insolvent in the near future, and that it will become necessary to provide funding from a source other than the collection of insurance premiums.

The Committee is, therefore, recommending that $25,000,000 be appropriated in fiscal year 1990 to the SLIF account in order to keep this account solvent, and that these funds remain available until expended. The House Committee also provided this amount.

The Committee requests that the Department of Health and Human Services will report to the Committee by March 1, 1990, on the requirements it has established for lender and school participation in the HEAL program and on the projected solvency of the SLIF account. The Committee understands that the Department is seeking the input of lenders, secondary markets, and health professions schools associations in an effort to develop reasonable requirements for litigation and collection of HEAL loans, and that the Department has developed a forecasting model that should allow more accurate projections of SLIF account balances.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

Appropriations, 1989 (adjusted)	$21,600,000
Budget estimate, 1990	21,000,000
House allowance	21,000,000
Committee recommendation	21,000,000

The Committee recommends $21,000,000 for the medical facilities guarantee and loan fund. This is the same as the administration's request and the House allowance, and $600,000 less than the fiscal year 1989 appropriation. These funds are used to comply with the obligation of the Federal Government to pay interest subsidies on federally guaranteed loans throughout the life of the loans. These loans were used for hospital modernization, construction, and conversion.

The Committee concurs with the House Committee in rejecting proposed bill language and the request for $4,364,000 which would permit the administration to sell this portfolio of loans at a discount.

VACCINE INJURY COMPENSATION

Appropriations, 1989	$101,500,000
Budget estimate, 1990	133,100,000
House allowance	54,600,000
Committee recommendation	54,600,000

The Committee concurs with the House Committee in making available $54,600,000 from the vaccine injury compensation trust fund in 1990, which is $78,500,000 less than the administration request and $46,900,000 less than the trust fund moneys made available in 1989. The bill also provides $74,500,000 in general funds, which was not requested by the administration.

The National Vaccine Injury Compensation Program provides a system of compensation for individuals with vaccine-associated injuries or deaths. Compensation awards reimburse medical expenses, lost earnings, pain and suffering, legal expenses, and a death benefit. The program is funded through an excise tax on the sale of selected prescribed vaccines. Revenues raised by this tax are maintained in a vaccine injury compensation trust fund.

Trust funds made available in the bill will support the liability costs of vaccines administered after September 30, 1988, and not more than $1,500,000 of administrative expenses associated with the compensation trust fund. The general funds provided will support costs for vaccines administered prior to fiscal year 1989. General funds are also intended to reimburse the trust funds for any payments of pre-fiscal year 1989 claims made prior to the current fiscal year.

CENTERS FOR DISEASE CONTROL

DISEASE CONTROL, RESEARCH, AND TRAINING

Appropriations, 1989	$977,221,000
Budget estimate, 1990	1,073,349,000
House allowance	1,080,180,000
Committee recommendation	1,114,338,000

The Committee recommends an appropriation of $1,114,338,000 for the Centers for Disease Control [CDC], an increase of $40,989,000 over the administration's request, and $137,117,000 more than the fiscal year 1989 appropriation. This is $34,158,000 more than the House allowance.

The Centers for Disease Control is the focal point within the Public Health Service [PHS] for disease prevention and control. CDC seeks to improve the health and quality of life of the people in the United States by setting national objectives, conducting epidemiologic investigations and studies, surveillance, training, and developing and disseminating health promotion strategies.

To accomplish these objectives, CDC: identifies and defines preventable health problems and maintains active surveillance of diseases through epidemiologic and laboratory investigations, data collection, analysis, and dissemination of information; serves as the PHS lead agency in developing and implementing applied research aimed at effective disease prevention, control, and health promotion programs; responds to public health emergencies; operates a national program to address environmentally related health problems; administers a national program to develop recommended occupational safety and health standards while conducting research and technical assistance to assure safe and healthful working conditions for employees; administers national surveys and maintains data systems to provide information to identify health problems and monitor progress in meeting national health objectives; develops and implements a program to sustain a strong national public health work force; and conducts a national program for improving the performance of clinical laboratories.

CDC is responsible for controlling the introduction and spread of infectious diseases and promoting more healthful lifestyles. This is accomplished through service grants, applied research, and financial and technical assistance to States, territories, and localities. CDC provides consultation and assistance to other nations and international agencies to assist in improving their disease prevention and control, environmental health, and health promotion activities. CDC is centrally involved in the Public Health Service's efforts to monitor, understand, and prevent the further spread of human immunodeficiency virus [HIV].

The preventive health and health services block grant is a key mechanism for supporting preventive health services. Direct program operations by Federal staff, cooperative agreements, and categorical immunization and sexually transmitted disease grants are other key mechanisms. CDC administers the preventive health and health services block grant and specific preventive health categorical grant programs while providing program expertise and assistance in responding to Federal, State, local, and private organizations on matters related to disease prevention and control activities.

Preventive health and health services block grant

For the preventive health and health services block grant, the Committee recommends $84,704,000. This amount is the same as the fiscal year 1989 appropriation level and is $5,012,000 less than the House allowance. The Committee strongly disagrees with the proposed transfer of the prevention centers ($1,976,000), tuberculosis State grants ($6,622,000), diabetes State grants ($4,861,000), and injury control grants ($9,880,000) to the block grant.

The prevention centers are funded through schools of public health and under the current block grant authorizing legislation there would be no guarantee that funding of these centers would continue. Public health efforts in the areas of TB, diabetes, and injury control require a national focus, since States and localities are not all affected on a per capita basis. The Committee directs that the prevention centers, TB grants, and diabetes State grants be placed in their appropriate fiscal year 1989 budget activity lines. Injury control activities should be identified in a separate budget activity line in fiscal year 1990 to correspond to the importance placed by this Committee on the injury activities carried out by CDC.

This block grant provides States with funds for preventive health services to reduce preventable morbidity and mortality and improve the quality of life. These grants give States greater flexibility in deciding how available funding will be used to meet State priorities in preventive health services.

Prevention centers

The Committee disagrees with the inclusion of the prevention centers ($1,976,000) in the preventive health block grant and recommends providing an increase of $3,024,000 above the fiscal year 1989 funding level for this important prevention program, for a total of $5,000,000. This is $3,000,000 more than the House allowance. These grants are made to academic health centers for the establishment, maintenance, and operation of centers for research and demonstration with respect to health promotion and disease prevention. The centers conduct research and demonstration projects to promote health and disease prevention, improve methods of appraising health hazards and risk factors, and serve as demonstration sites for the use of new and innovative research in public health techniques to prevent chronic diseases. Of the $5,000,000, the prevention centers in Washington, Texas, North Carolina, South Carolina, Iowa, California, and Hawaii should receive a minimum of $600,000 in order to provide the core support necessary to be effective in the prevention area. The balance of

$800,000 should be awarded based on quality of the proposal, performance of the project, and other criteria as established by CDC.

The Committee was pleased to learn that an International Center for Health Promotion and Disease Prevention has now been established at the University of Hawaii. The Committee is very supportive of the Department's efforts in the international arena.

Lead poisoning

The Committee notes that some States have identified the prevention of lead poisoning as a public health priority. The Pennsylvania Health Department is currently serving 8 of the 15 identified lead poisoning high-risk communities with populations of 25,000 or more. The New Jersey Office for Prevention of Mental Retardation and Developmental Disabilities and the Fund for New Jersey have funded an outreach program designed to educate communities about the hazards of lead poisoning methods to combat the problem. An interagency task force which draws on the expertise of representatives from the Departments of Community Affairs, Education, Environmental Protection, and Health and Human Services, as well as from community groups has been established to outline innovative approaches to tackling the State's severe lead poisoning problem.

The Committee recognizes that additional Federal dollars are needed to provide lead poisoning screening in high-risk areas. For example, it is estimated that up to 161,000 Pennsylvania children ages 1 through 5 have elevated blood lead levels. However, in 1988 only 26,000 high-risk children were actually screened for lead poisoning. In New Jersey, 177,000 children have been determined to be at high risk for lead poisoning. However, in 1987 only 59,672 children were screened. Therefore, the Committee has provided $5,000,000 and 10 FTE's for the CDC to assist the States in addressing this urgent public health need.

The Committee believes that areas of greatest need such as communities in New Jersey and Pennsylvania should be the recipients of lead screening, referral, and outreach grants funded through the CDC Program. The Committee directs the CDC to provide no less than $500,000 for the State of New Jersey for lead poisoning screening, treatment referral, and education programs. The Committee urges the CDC to strongly consider providing funds to the New Jersey Office for the Prevention of Mental Retardation and Developmental Disabilities for a demonstration project to broaden its program and expand it to cover all counties in the State of New Jersey. The Committee notes that ultimately the CDC could use the program as a national model for other local governments that are attempting to design educational outreach programs to combat the problem of lead poisoning.

Finally, the Committee notes that oldest housing has the highest lead concentration in its paint. Therefore, the Committee urges the CDC to give special consideration to grant applications from areas with more than 50 percent of children living in pre-1950 housing.

Sexually transmitted diseases

The Committee recommends $78,972,000 for the prevention and control of sexually transmitted diseases [STD], the same as the budget request and $272,000 more than the 1989 appropriation. The recommendation includes $68,172,000 for STD grants and $10,800,000 for program operations and is $6,828,000 less than the House allowance.

The Committee continues to be favorably impressed with CDC's leadership in nationwide STD disease intervention efforts and applied research. Prevention and control of sexually transmitted diseases has been identified as 1 of 15 priority areas for improving the health of Americans. During the last several years, the spectrum of STD's has increased dramatically so that now over 50 organisms and syndromes are recognized in this category. Most of these infections have long been recognized, but are now achieving prominence because new diagnostic approaches have allowed scientists to describe the extent of the diseases, the methods of transmission from person to person, and the clinical consequences. Disease intervention outreach activities in 1988 resulted in the prevention of almost 150,000 gonococcal, 5,000 syphilis, and 8,000 chlamydia infections.

The Committee notes with alarm however, that in fiscal year 1988, 39,700 cases of infectious syphilis were reported. This is an increase of 17 percent over 1987 reported cases and represents the highest number of cases since 1949. These increases have been associated with one or more combined factors including additional hard-to-reach foci of disease among crack cocaine users who are exchanging sex for drugs and the cumulative effect of attempting to address all high priority STD's with limited resources. These increases are appearing in minority, inner-city, heterosexual populations—the same groups that are at high risk of HIV infection associated with IV drug use. Because of this association, it is important to ensure that HIV prevention activities support syphilis control efforts. In addition to STD grant funds, the funds devoted to HIV prevention and education activities will also have a positive impact on changing the sexual behaviors of the populations at high risk of acquiring or transmitting other sexually transmitted diseases.

The Committee is concerned that adequate funds and resources be made available to provide training for clinicians and experienced disease intervention personnel. The Committee encourages the program to establish demonstration projects to evaluate innovative means of preventing and controlling all STD's, including AIDS.

The Committee notes that STD clinics are currently overburdened and persons seeking assistance at these clinics face inordinately long waiting times. The Committee is concerned that increasing demand for resources laboratory time, personnel, and clinic time for HIV testing not divert resources available for STD services.

The Committee is concerned that attention must be paid to the important role of substance abuse in the increases in rates of STD's, with adequate training for professionals.

To prevent STD cases and their subsequent complications, a partnership of Federal, State, and local governments, private medicine, and voluntary organizations is necessary. The Centers for Disease Control supports this partnership through direct financial assistance to State, local, and territorial health authorities; national disease surveillance; applied research efforts; and national STD leadership activities. Federal grants support disease monitoring, screening, and sex partner referral services as well as other outreach efforts in all States. National disease surveillance is directed toward defining the extent and trend of the STD problem, and in identifying disease outbreaks that require program attention. Applied research efforts are directed toward further characterizing the pathophysiology, host response, epidemiology and behavioral aspects of these diseases to permit the development of improved diagnostic, prevention, and control methodologies. National leadership activities include: technical assistance in planning, developing, and implementing control programs; technical consultation in reviewing and monitoring control efforts; development of clinical standards and management systems; training; and epidemic assistance in disease outbreak settings.

Immunization

The Committee recommends $166,118,000 for the immunization program. This is an increase of $24,154,000 over fiscal year 1989, $27,897,000 more than the budget request, and $28,391,000 more than the House allowance. Immunization remains the most cost-effective method of preventing human suffering and reducing the economic costs that result from vaccine-preventable disease. The benefit-cost ratio of measles, mumps, and rubella vaccine is estimated to be over 14:1, and the benefit-cost ratio for polio immunization remains over 10:1. This translates to an estimated savings of about $1,000,000,000 per year for polio and $500,000,000 per year for measles.

Despite the successes of the immunization program, including high immunization levels among children at age of school entry, the program is still facing a number of challenges. There have been measles outbreaks among several populations and there is evidence that immunization levels are alarmingly low among some groups of preschool-age children and in certain geographic areas. In some inner-city areas immunization levels are lower than the immunization levels in developing countries. Each year there are at least 300,000 hepatitis B infections, and 5,000 to 6,000 deaths occur from acute and chronic hepatitis B associated liver diseases, yet in the past there have been no funds to add the hepatitis B vaccine to the immunization program. In response to these challenges, the Committee has provided funds for measles outbreak control, for demonstration projects to improve age-appropriate immunization levels, and to initiate a hepatitis B screening and immunization effort.

The recommendation includes $138,188,000 for grants to States. This sum includes $87,214,000 to purchase the same number of doses of measles-mumps-rubella, diphtheria-pertussis-tetanus, polio, and *Haemophiolis influenzae* type B vaccine as were purchased in 1988 and 1989; $18,884,000 for State operations costs; $6,126,000 for parent and patient notification materials; $2,964,000 to pay the excise taxes for vaccines manufactured by Michigan and Massachusetts; $13,000,000 for measles outbreak control; and $10,000,000 for hepatitis B screening and control.

In addition, the Committee recommends $21,361,000 for direct operations, which includes $2,500,000 for direct costs of the hepatitis

B screening and immunization effort; $500,000 for measles outbreak control; and $10,000,000 for the infant immunization initiative, a program of demonstration projects aimed at improving age-appropriate immunization levels. The supported projects would develop strategies for improving the delivery of vaccines at the appropriate age, particularly to hard-to-reach populations in large inner-city areas.

The recommendation also includes $4,000,000 for the vaccine stockpile, for which there was no administration request. The Committee also provided $2,569,000 for the reporting of adverse events relating to vaccines.

Infectious disease

For the infectious disease activities, the Committee includes $40,866,000, $589,000 below the 1989 level and $3,000,000 over the request and $1,000,000 more than the House allowance.

CDC's efforts in infectious disease prevention are to develop new or improved prevention and control methods and techniques, and to accelerate the general application of accepted prevention technology. These activities complement epidemic services and provide a major aspect of the public health base which is vital to CDC's emergency response. Specifically, the major objectives include: improving prevention and control technology through research designed to develop or refine technical methods and techniques related to diagnosis and prevention of disease; developing prevention strategies for known and unidentified agents of diseases; and reducing, by 1990, the annual reported incidence of nosocomial infections by 20 percent; the annual estimated incidence of hepatitis B to 20 per 100,000 population; the annual reported incidence of bacterial meningitis to 2 per 100,000 population; the annual estimated incidence of pneumococcal pneumonia to 115 per 100,000 population and the incidence of pneumococcal bacteremia to 7 per 100,000 population; and the annual reported incidence of tuberculosis to 8 per 100,000 population.

The Committee has also provided $400,000 for the first step in the three studies on clinical laboratory safety and quality mandated by Public Law 100–578.

The incidence and geographic distribution of Lyme disease have increased dramatically in the United States and it is a growing cause of serious and often debilitating chronic disease. Lyme disease is a nationwide problem and its natural history is complex and varied from region to region. Research and control programs at the State level are inadequate to meet the expanding nature and complexity of the problem. An additional $2,000,000 has been provided to improve surveillance and diagnosis and to develop effective means of prevention.

Tuberculosis grants

The Committee rejects the administration's proposal to transfer tuberculosis grants to the preventive health block grant. TB persists as a public health problem in the United States as evidenced by the more than 22,400 cases reported to CDC during 1988. Between 1985 and 1988, tuberculosis did not decline as expected, and a large increase occurred among Hispanics and blacks in the 25- to

44-year age group. During this period there were more cases than expected and it appears as though the trend will be the same for 1989.

Recently the Centers for Disease Control announced the release of the strategic plan for the elimination of tuberculosis in the United States that was endorsed by the Secretary of Health and Human Services in April. The Committee expects that CDC will utilize the various initiations of the strategic plan. While the Committee has provided additional distinct funding for tuberculosis control, the CDC is expected to also utilize some existing discretionary funds to implement the tuberculosis elimination plan.

The Committee recommends $6,886,000 be included in infectious diseases for this program in 1990, an increase of $264,000 over fiscal year 1989 and $3,114,000 less than the House allowance.

Chronic and environmental disease prevention

This bill includes $52,451,000 for chronic and environmental disease prevention, an increase of $11,887,000 over the budget request and $7,770,000 over the 1989 appropriation. This amount is more than the House recommendations by $6,426,000.

The Committee is pleased to see that CDC is vigorously translating chronic disease and hazardous substance research findings into practical public health programs that reduce death, illness, and disability. We note that several of the prevention and control projects involve high risk elderly and minority populations.

We are also pleased that CDC has developed laboratory technology to assess exposure to a number of hazardous substances. This technology allows accurate assessment of human exposure, assessment of the effects of such exposure, and, if indicated, permits targeted efforts to protect the public.

CDC uses its expertise and existing capacities in problem identification, intervention development and application, State capacity building, technology transfer, service, and program evaluation to address: preventable environment-related death, disease, and disability such as cancer, birth defects, and chromosome, or other genetic damage; preventable child and adult chronic diseases, including developmental disabilities, birth defects, cancer, heart disease, stroke, and diabetes; and preventable child and adult death, and disability.

Chronic diseases represented nearly 75 percent of the causes of death in 1988 and the major diseases such as cardiovascular disease, cancer, chronic lung disease, and diabetes are the leading causes of death and disability in the United States. The Committee is concerned that these major chronic diseases, apart from the pain and suffering they cause, exact an economic burden of well over $20,000,000,000 in health related costs each year. With the aging of the population, these health and economic burdens will increase dramatically.

The Committee does not agree with the proposed placement of the diabetes State grants in the preventive health block grant and includes $4,861,000 in the total recommended for chronic and environmental disease prevention, the same as the 1989 appropriation, to continue this important program. The recommendation also includes $2,393,000 for the Diabetes Translation Center. This funding will allow the continuation of translating diabetes research into optimum care for our Nation's 6 million diabetics. The Committee continues to receive testimony about how effective this program is in assisting States to develop important risk-reducing and treatment programs for potential and actual diabetes.

The Committee is concerned about the number of women suffering from breast and cervical cancer each year. Even though the scientific community has performed the basic research on these diseases and has developed the necessary tools for their prevention, it is estimated that more than 500,000 women will die needlessly from breast and cervical cancer during the next decade. The key to reducing illness and death from these cancers is early detection and treatment. Screening of women with mammogram and pap smears must be ensured, and timely and effective interventions provided.

The Committee recommends $6,000,000 and 15 FTE's to provide a focus at the national level and initiate State-based programs, that when fully funded will prevent needless deaths from breast and cervical cancer in women.

The Committee commends the CDC for its activities related to studies of chronic fatigue syndrome and is pleased to note that the expanded surveillance network study is underway and that the CDC has proposed new research programs for study of this disease. These programs include developing methodologies, enrolling patients in case studies, and investigating suspected clusters of CFS to better delineate this illness clinically, virologically, and epidemiologically. The Committee recommends that the CDC undertake this research on CFS and accelerate the studies as data from the field surveillance becomes available. The funding includes 12 FTE's for CFS activities.

The funding provided includes $1,250,000 for the CDC to train physicians and health workers about chronic fatigue syndrome and for information programs on this disease for the general public to increase the general understanding of this syndrome.

The Committee recommends that the CDC expand its research on chronic fatigue syndrome which it has called an emerging disease and emerging epidemic involving immunologic abnormalities.

CDC has quickly responded to the need for a disabilities prevention program. Estimates indicate that from 20 to 50 million Americans have a disability and the majority of these occur under the age of 35 years. These young individuals face a lifetime of disability and are at greater risk for developing secondary disabilities which further limit their ability to live independently. The Committee has included in the recommendation for chronic and environmental $5,000,000 for the disabilities prevention effort at CDC. Additional funds will allow the expansion of cooperative agreements to build capacity at the State and local level, increase in analysis of epidemiologic data, and the development of a national agenda to prevent disabilities.

The Committee has provided $100,000 to design and implement a permanent and comprehensive data collection and analysis system that describes children with preventable diseases, or who are at risk of developing them.

The Committee has also included an additional $600,000 for the study of the potential risk of thyroid gland diseases as a consequence of radioactive releases between 1944–57 in proximity to the Hanford works nuclear weapons production site in Washington State.

Injury prevention and control

The Committee recommends $25,000,000 and 33 FTE's for the prevention and control of injuries, $4,000,000 more than the 1989 appropriation and the House allowance.

The Committee has been impressed with CDC's leadership in this relatively new public health field and wishes to highlight this increasingly important issue by developing a separate budget activity line for the fiscal year 1990 appropriation. Injuries represent the principal, preventable public health problem in America today. They affect primarily the young and strike one of every three Americans each year. Injuries kill more Americans aged 1 to 44 than all other diseases combined; in 1986, more than 150,000 Americans lost their lives to injuries and many others suffered severe, often permanently disabling, consequences of injuries. Costing $100,000,000,000 annually, injuries constitute one of our most expensive public health problems.

Injury is the leading cause of years of potential life lost [YPLL] before the age of 65. In 1986, injury accounted for over 3,700,000 YPLL, or 31 percent of all YPLL. Deaths resulting from intentional acts of violence accounted for 36 percent of all injury YPLL. Injury is a principal cause of disability among persons of all ages and the leading cause of disability among young persons. Each year, about 1,800,000 people in the United States suffer head injuries. Most of these injuries affect young people and over 50,000 of those who survive, experience long-term care expenses.

The Committee notes that the National Research Council in its 1988 report entitled "Injury Control" urged that the Centers for Disease Control establish appropriate training programs for injury control researchers and practitioners needed by injury control programs in State and local governments. This report also recognized the importance of the academic injury prevention research centers established by the Centers for Disease Control. The Committee finds that needed training for injury control can most effectively and efficiently be accomplished by having injury prevention research centers conduct the needed training and educational activities. The Committee further concurs with knowledgeable experts who urge that the number of research centers with training activities be expanded with three additional centers being funded in fiscal year 1990. The Committee directs the Centers for Disease Control to establish a research and training center for injury prevention. Based on the special expertise and need for such a center in the upper Midwest, the Committee fully expects that such a center will be awarded to the University of Iowa. The increased funding for fiscal year 1990 includes $1,500,000 for the three new injury prevention research and training centers and $1,500,000 to expand the scope of centers previously funded so that needed training can be accomplished.

The annual incidence of spinal cord injuries is estimated to be between 10,000 to 20,000, with annual care costs exceeding $5,000,000,000. Spinal cord injuries primarily affect the young and less than 7 percent of paraplegics and quadriplegics completely recover from their initial injuries. Principal causes of head and spinal cord injuries are motor vehicle crashes, falls, assaults, and gunshots.

The Committee is aware of CDC's work in the area of highway safety-related injury control and supports the continuation of this important activity.

Occupational safety and health

The Committee is pleased to note that the administration has recognized the importance of occupational safety and health and restored the 1990 budget request to the 1989 level. The recommendation of $87,695,000 for occupational safety and health is $17,340,000 over the request and the 1989 level, and $13,795,000 more than the House allowance.

Occupational safety and health activities are designed to prevent work-related hazards for 104 million U.S. workers. According to the Department of Labor's Bureau of Labor Statistics [BLS] about 1 out of every 10 workers in private industry suffers an occupational injury annually; about 4 out of 100 workers are disabled from these injuries; and approximately 7 workers in 100,000 are killed on the job each year. The program is designed to conduct research, recommend criteria for standards, and respond to requests of workers, employers, and Government agencies for health hazard evaluations in an effort to prevent premature mortality, reduce unnecessary morbidity, and improve the quality of the Nation's workplaces.

Its right-of-entry to worksites authority permits actual workplace exposure observations essential to both experimental and epidemiologic research studies in occupational safety and health. The comprehensiveness of the NIOSH research program provided through its legislative mandate—its ability to coordinate laboratory investigations, field surveys, and epidemiologic studies so that appropriate standards and controls can be recommended—make NIOSH research unique in the research community. Research is directed toward: identifying occupational safety and health problems so as to detect and define epidemiologically significant changes in the status of occupational safety and health through a work force surveillance and health hazard evaluation program, and evaluating occupational safety and health problems and occupational hazards so as to understand their causes and to develop methods of prevention. Research is focused on: the "Ten Leading Work-Related Diseases and Injuries"; controlling work-related injury and illness through discovering, assessing, and improving applicable engineering controls, protective equipment, work practices, and hazard-detection devices; and disseminating scientific findings and appropriate recommendations to all organizations and individuals with the need to know to assist them in acting to reduce occupationally related health problems.

The Committee has provided $1,000,000 to develop a focus for the evaluation and rehabilitation of musculoskeletal disorders and respiratory diseases. This funding will also be used for dissemination of information.

This Committee is concerned that the construction industry has the third highest occupational fatality rate. While those involved in the construction trade constitute only 5.2 percent of U.S. workers, they rank second highest in number of work-related traumatic fatalities. Construction is a very diverse and complex industry consisting of business ventures that plan and construct facilities ranging from single-family homes to multibillion-dollar projects. The industry accounts for nearly 8 percent of the gross national product or 400,000,000,000 dollars' worth of work and employees an estimated 7.6 million workers.

This Committee has included in the recommendation $2,000,000 and 20 FTE's for CDC to develop a comprehensive prevention program directed at health problems affecting construction industry workers by expanding existing NIOSH activities in areas of surveillance, research, and intervention.

Training

The Committee has included in the amount recommended for occupational safety and health, $10,595,000, the same as 1989, for the training activities, including operation of the educational resource centers. This is an increase of $500,000 for continuing support to the Industrial Medical Center at West Virginia University.

Farm safety and health

The Committee is concerned that agricultural workers and their families experience a disproportionate share of injuries and diseases associated with numerous chemical, biological, and physical hazards. For example, agricultural workers have the second highest occupational fatality rate. While they constitute only about 4 percent of U.S. workers, they rank third highest in number of work-related traumatic fatalities. There were an estimated 534,000 nonfatal injuries in agriculture annually during 1979 and 1980, and agricultural workers incur 90,000 disabling injuries annually. Of the estimated 1,500 machine-related deaths annually among all occupations, more than one-half involve farm equipment, particularly tractors. Agricultural workers are also more likely to develop serious work-related diseases. In particular, they run a significantly higher risk of dying of certain types of cancer than persons in other occupations. For example, it has been found that farmers are more likely to die of cancer of the hematopoietic system (leukemia, non-Hodgkin's lymphoma, and multiple myeloma) than any other occupation group. Some studies have also shown elevated mortality rates for lip, prostate, and stomach cancer as well. According to the U.S. Department of Agriculture there are 3.1 million persons in the United States with some farm income, 6 million farm family members, and 2.7 million hired workers in farming.

The Committee is not satisfied that an adequate national response has been mounted to address this problem and believes that the Centers for Disease Control is in a unique position to lead a comprehensive national effort to prevent injury and disease in agriculture. Accordingly, the Committee has included $13,250,000 and 25 FTE's for a series of surveillance, research, and intervention initiatives that when sustained over a period of time will have a significant and measurable impact on these health effects among rural Americans. The purpose of the recommended surveillance and research efforts is to better assist the CDC and other parties in developing intervention strategies to reduce the unacceptably high injury and disease rates among rural Americans.

Additionally, the Committee has included $250,000 to fund the Tenth Surgeon General's Conference on Rural Safety and Health to be held in Iowa. The purpose of this conference would be to raise consciousness, build coalitions, disseminate information, and encourage action to prevent injury and disease in rural areas.

Following is a discussion of the several farm safety initiatives recommended for funding by the Committee.

Surveillance.—The Committee has included $4,000,000 for two surveillance initiatives to develop more complete information on agricultural injury and disease problems. The first initiative would be a U.S. farm family health and hazard survey. This survey would be conducted by the National Institute of Occupational Safety and Health [NIOSH] in cooperation with the National Center for Health Statistics. Second, to support the survey NIOSH would in collaboration with State health departments, identify 30 to 50 rural hospitals to provide ongoing, responsive surveillance of agriculture-related disease and injury problems. NIOSH would support the employment of one nurse at each rural hospital whose duties would include: to visit rural families to promote safety and health; to identify and report agriculture-related disease and injury cases to the State health department/NIOSH; to provide instruction in local high school vocational agricultural classes and health classes; to provide disease and injury prevention information to cases identified and their families, in collaboration with county extension officers and the State health department; to assist the county and State health departments in the collection of other rural health data and in conducting a community evaluation of rural risk factors for the geographical area served by the hospital.

Research.—The Committee has included $4,000,000 for research, $3,000,000 of which will establish centers for agricultural occupational safety and health at selected universities. More specifically, these centers would (1) develop model programs for the prevention of illness among agricultural workers and their families; (2) develop model educational programs on agricultural safety and health for workers in agriculture; (3) evaluate agricultural injury and disease prevention programs implemented by agricultural extension programs, State health departments, Federal agencies, and others; (4) conduct applied research and evaluations of engineering and ergonomic control technology and procedures developed by Federal and private agents; and, (5) provide consultation to researchers, safety and health professionals, agriculture extension programs, and others. The remaining $1,000,000 is provided for research on lung disease among agricultural workers. Inhalation of organic dusts from plant, soil, and animal sources and from chemical and other substances, result in occupational health risks to agricultural workers. Pulmonary diseases related to agricultural dust exposures include occupational asthma hypersensitivity pneumonitis, organic dust toxic syndrome, bronchial hyper-reactivity, and chronic bronchitis. NIOSH would develop biological or immunochemical assays to reflect exposure to immunologic agents and other causes of pulmonary dysfunction. Medical aspects of this effort would determine the incidence of adverse respiratory effects in this diverse work force.

Intervention.—In order to actively promote and implement the research and intervention finding, the Committee directs the establishment of a national agricultural safety and health promotion system. The Committee has added $3,000,000 for the purpose of establishing this system. To establish this system, CDC would, in collaboration with the Department of Agriculture and the Association of Schools of Public Health, establish agricultural injury and disease prevention promotion programs at each of the land grant universities. The land grant universities would collaborate with the county extension officers of the agricultural extension programs to disseminate information and conduct programs to prevent injury and illness among agricultural workers and their families. The universities would implement programs developed by Federal or State agencies, or the proposed centers for agricultural safety and health, through the county extension officers, to educate agricultural workers in safety and health, and disseminate prevention information to agricultural workers and their families.

These programs would be established on a cooperative agreement basis, in phases: agreements would be established with 15 land grant universities the first year, 15 additional in the second year, and with the 20 remaining land grant universities in the third year.

The Committee also directs the CDC to devise an early detection strategy to reduce the number of cancer deaths among farmers. The Committee notes that close cooperative efforts with existing rural hospital systems will be needed to identify and treat these cases. Accordingly, the Committee has included $2,100,000 to fund three demonstration projects to detect cancer occurring in farmers. These projects should be conducted in areas of the upper Midwest where research has identified disproportionately high mortality rates for farmers due to five or more types of cancer. In addition, in order to screen the maximum number of farmers as quickly and cost effectively as possible, the projects should be conducted through existing nonprofit rural hospital networks which have onsite access to both the latest diagnostic equipment and board certified oncologists.

Epidemic services

The Committee recommends $56,217,000 for epidemic services activities. This the same as the request, $1,430,000 over the 1989 level, and the same as the House allowance.

The early recognition of adverse health conditions and the rapid application of prevention and control measures are fundamental to CDC's contribution to protecting the health of the American people. Costly morbidity and mortality would be prevented by bringing epidemic situations to rapid and successful conclusions. The cost effectiveness of these activities has been well documented just in terms of curative costs averted. Surveillance, epidemiology, and laboratory activities support this CDC-wide response capability.

The objectives of the epidemic services activity are to: provide for the prevention and control of epidemics; maintain surveillance systems, analyze data, and respond to public health problems when indicated; develop public health epidemiologists; and carry out the quarantine programs as required by regulations.

In addition, and as part of the centers' efforts to implement the 1990 national prevention objectives under this activity, CDC conducts a program of scientific inquiry and research to solve practical public health problems; and supports selected programs by assisting States, health organizations, and others in the health field to achieve the prevention goals in these two priority areas: pregnancy and infant health and reproductive health.

Health statistics

The Committee recommends $47,787,000 for health statistics, $564,000 less than the fiscal year 1989 level, and the same as the House allowance. The Committee approves the use of $19,000,000 from 1 percent evaluation funds for health statistics activities; $1,000,000 more than the request.

Through its national surveys and data systems, the National Center for Health Statistics [NCHS] provides data to identify health problems, monitor progress in meeting objectives, and highlight relationships between risk factors and disease. This data serves as the foundation of the Nation's public health efforts. Public health officials and researchers in CDC, the Department, State/local governments, and the private sector rely heavily on NCHS data. NCHS statistical data serves as a national resource. Increased funding will allow analysis of national data relating to marriage and divorce and vital statistics.

The Committee has recommended language requesting that employees of the National Center for Health Statistics whose salaries are fully reimbursed by other organizations be treated as non-Federal employees for reporting purposes only. NCHS collaborates with many other agencies and institutes through the NCHS Reimbursable Work Program [RWP] on data collection and analysis associated with NCHS surveys. NCHS is specifically authorized to conduct the RWP under section 306(b) of the Public Health Service Act.

In order to address the individual data requirements of other agencies, many of the data systems of NCHS are designed with built-in flexibility which allows NCHS to add questions or examination procedures to existing data collection mechanisms, and to focus on population subgroups (for example, older persons, Hispanics, et cetera) in its surveys. Agencies with particular data requirements frequently are able to work with NCHS to meet these needs through modifications or additions to NCHS data systems, eliminating the need to mount new data collection efforts that may be costly or duplicative of existing efforts. Further, a critical mass of expertise exists within NCHS for interpretation and analysis of data collected through these surveys, making it efficient for these agencies to support supplemental efforts by NCHS staff to conduct in-depth analysis and produce special reports.

Human immunodeficiency virus

The Committee disagrees with consolidating HIV funding at the PHS level. CDC requires maximum flexibility in responding to the HIV crisis, therefore, funding for the epidemic should be placed in CDC's appropriation. The Committee's recommendations include $452,472,000 for HIV activities, $21,550,000 below the request and $10,000,000 below the House allowance, and $74,880,000 over the fiscal year 1989 level of funding.

Human immunodeficiency virus infection has become an epidemic of major proportions. CDC has received reports of more than 95,000 cases of AIDS and 55,000 deaths since 1981. Between 1 and 1½ million Americans are estimated to be infected with HIV. By the end of 1992, the cumulative total of AIDS cases in the United States is projected to reach 365,000 and result in nearly 260,000 deaths. Because AIDS/HIV infection affects individuals early in life, (that is, 68 percent of the AIDS cases were less than 40 years of age) the estimated years of potential life lost due to AIDS-related mortality is extremely high. AIDS, when compared to other causes of mortality, currently ranks ninth in years of potential life lost and if present trends continue, it is estimated that AIDS may rise to No. 3 by 1991.

The battle against HIV infection has engaged all relevant operating Federal health agencies and within this operating framework, CDC is the leading prevention agency. Consistent with this mission, the CDC is carrying out a comprehensive program to prevent the spread of HIV infection, including surveillance, epidemiologic and laboratory studies, and information/education activities.

During fiscal years 1987 and 1988, four major program areas developed in CDC's HIV prevention program: (1) expanded HIV antibody testing and counseling; (2) a comprehensive information/education program to prevent a control HIV; (3) a minority HIV prevention initiative in response to a recognition that minority populations are disproportionately affected by HIV; and (4) a comprehensive HIV serosurveillance program.

CDC is undertaking a comprehensive program to prevent the spread of HIV infection. This program represents a cooperative endeavor that encompasses the efforts of CDC scientists, physicians, and other public health workers: State and local health and education agencies; voluntary agencies; national minority organizations; national organizations that serve youth; and the private sector. The CDC provides leadership, scientific and technical assistance; develops guidelines; trains laboratorians and other health workers; and provides financial assistance to national organizations and State and local agencies to carry out programs to prevent HIV infection. Approximately 90 percent of the funds are obligated through cooperative agreements and contracts, principally to State and local health and education agencies.

CDC is conducting a multifaceted program designed to prevent HIV infection among persons at increased risk. The program provides support to all States and selected cities in carrying out health education/risk reduction activities; counseling, testing, and partner notification; and minority initiatives. These HIV intervention activities will be supplemented by providing additional funds directly to community-based organizations.

CDC also collaborates with health departments, universities, medical centers, blood banks, voluntary agencies, other Federal agencies, and uses its own facilities to carry out epidemiologic and laboratory studies to determine the natural history of HIV infection and identify and monitor risk factors for HIV transmission.

The Committee recommendations include $315,232,000 for CDC's prevention/information/education activities. The Committee urges CDC to provide sufficient funding for the establishment of a comprehensive approach to health education in the school setting. This should involve the establishment of model curricula, as well as teacher training activities. The Committee was concerned to learn that only 15 percent of our Nation's schools currently have comprehensive school health programs. Increases over fiscal year 1989 will permit a major expansion of CDC's activities to prevent HIV infection among minorities; to further implement the PHS recommendations concerning counseling, testing, and partner notification; to expand efforts to prevent perinatal AIDS; and to implement parts of the Health Omnibus Programs Extension Act of 1988.

The Committee continues to support the expansion of funding of prevention efforts specifically targeted toward minority populations. The differential impact that AIDS has had on minorities in the United States is of grave concern and can best be addressed by assuring that those organizations with strongest ties to the minority communities at risk be funded to undertake prevention activities. In accordance with Public Law 100-607, the Committee expects the CDC to provide financial assistance to minority entities for the provision of services to minority populations. The Committee has included at least $40,000,000 for this purpose. The CDC is urged to give preference in its funding to those minority organizations that have experience working with those subsets of the minority community that are targeted for the prevention activity to be funded.

The total recommendation for information/education activities includes: $40,327,000 to provide information and education to the general public; $42,551,000 for information and education for school and college-aged youth; $119,402,000 for State and local counseling, testing, and partner notification activities, and $7,154,000 for activities for the hemophilia project; and $4,029,000 for training of health workers.

Up to $7,000,000 is provided for continuation of American Red Cross HIV information/education programs. Not less than 50 percent of these funds shall be made available to local chapters of the Red Cross with demonstrated ability to deliver risk reduction information/education to individuals and communities at increased risk.

The Committee recognizes that all funding in the Division of Adolescent and School Health is AIDS related. Although the Committee recognizes the importance of this issue, the Committee directs CDC to allocate $3,500,000 supporting a comprehensive approach to health education in the schools including AIDS, IV drug abuse, sexually transmitted diseases, cancer prevention, and heart health, to name a few. A total of $3,000,000 is allocated to fund regional teacher training programs and $500,000 for the dissemination of validated comprehensive school health curricula. This funding will allow for the establishment of 30 ($100,000 each) new regional teacher training centers focused on comprehensive school health education. These centers could provide continuing education to more than 50,000 teachers. The funds for curricula dissemination will increase the numbers of schools with school health programs, reaching as many as 47,500 more children. Recognizing the large number of preventable health problems confronting our Nation's children, the Committee is concerned that presently only 15 percent of our Nation's schools have comprehensive school health programs in operation. Therefore, the Committee has increased funding in the areas of teacher training and curricula dissemination.

The recommendation includes $130,325,000 for the centers' epidemiology and surveillance activities, to continue and improve our knowledge about cases and deaths from AIDS, and the number and spread of HIV infections and conduct studies to determine the natural history of the infection and to gain more knowledge about the mode of spread in HIV transmission. The Committee has not included funding for the national survey on human sexual behavior. The Committee is awaiting the results of the pilot survey that has already been funded.

The Committee is aware that during 1988 the National AIDS Hotline responded to calls from more than 2 million Americans seeking information and referral from this 24 hour-a-day toll-free service, making the hotline the largest health-related hotline in the world. The National AIDS Hotline serves as a valuable centralized resource for callers from every State and many American territories for the public as well as for professional needs.

The Committee has expressed its concern about the disproportionate incidence of HIV among Hispanics. The Committee is pleased to note that the hotline has added a new information and referral service for Spanish-speaking callers. The Committee is also pleased about the addition of a special service for the deaf and hearing impaired.

The Committee notes that continuing evaluation of the hotline's services by the Public Health Foundation has demonstrated that the quality of these important services has been consistently excellent. The Committee intends that sufficient funds, equipment, and personnel be provided to allow the hotline to meet the continuing high demand of calls. In addition, the Committee intends that sufficient funds will be available to publicize the hotline and its services to the widest possible audience.

Building and facilities

The Committee includes $2,000,000 for buildings and facilities, the same as the request, $24,000 over 1989, and the same as the House allowance.

The Committee is aware that much of CDC's important mission is conducted within substandard facilities which often present potential health and safety hazards to those working within that environment. Over the last 10 to 15 years a very unsatisfactory situation has developed with regard to CDC facilities. Because of program and staff growth, severe shortages of space have necessitated the move of hundreds of CDC and ATSDR (CDC provides facilities for ATSDR) employees from Government-owned to leased space. Currently, 1,461 employees are occupying leased space at a cost of $3,386,604 per year. During fiscal year 1989 an additional 287 employees will be moved to leased space at a cost of $443,633 per year. Lack of storage space has required leasing of warehouse space totaling 92,985 square feet at a cost of $434,066 per year. This dispersal of CDC Atlanta staff to multiple leased locations is costly, but more importantly, has had a negative impact on the efficiency and effectiveness of CDC's work force because of impeded communications and significant travel time between facilities.

The Committee has included language to authorize the construction of an addition to the Appalachian Laboratory for Occupational Safety and Health [ALOSH] under a lease/purchase arrangement. At the time this Committee provided funds for the design, the then Under Secretary of HEW had transmitted a report recommending that a new research addition be constructed at ALOSH. Since that time the need has continued to increase as it has become apparent that additional research is needed into new areas; safety and health in agriculture which has the second highest occupational fatality rate; safety in construction, which has the third highest occupational fatality rate; and other occupational injuries which are a cause of death and disability.

Research is needed to identify and understand these emerging health issues and to develop prevention strategies to reduce morbidity and mortality. In addition, the ALOSH warehouse is now located in rented space and the current facility is overcrowded, making operations inefficient.

In addition, inadequate R&I funding has resulted in serious deterioration of Government-owned facilities managed by CDC. This deterioration has resulted in reductions in productivity and greater long-term cost.

Program management

For program management, the Committee recommends $3,170,000, the same as the budget request and House allowance, but a slight increase over the 1989 level. This activity provides for the overall management and direction of the programs and activities of the Centers for Disease Control.

The Committee was pleased to learn that CDC has established a pilot program during the past year in 10 States in order to more closely monitor the use of Federal funds by the States, as well as to review programs and their impact, including the populations reached, the types of services provided, and the overall impact on health status. The Committee urges CDC to expand this approach to include 15 States during this fiscal year.

NATIONAL INSTITUTES OF HEALTH

Appropriations, 1989	$7,144,819,000
Budget estimate, 1990	7,529,397,000
House allowance	7,678,625,000
Committee recommendation	7,713,064,000

The Committee recommends an appropriation of $7,713,064,000 for the National Institutes of Health [NIH]. This is $183,667,000 more than the administration request and $568,245,000 more than the 1989 appropriation. The House allowance for NIH is $7,678,625,000 which is $34,439,000 less than recommended by the Committee. These figures are shown in the table that follows:

	Fiscal year—		House bill	Committee recommendation	Recommendation compared with—		
	1989 actual	1990 request			Fiscal year 1989	Fiscal year 1990	House bill
NATIONAL INSTITUTES OF HEALTH (INCLUDES AIDS)							
National Cancer Institute	$1,570,943,000	$1,646,073,000	$1,652,666,000	$1,668,473,000	+$97,530,000	+$22,400,000	+$15,807,000
National Heart, Lung, and Blood Institute	1,045,732,000	1,082,497,000	1,090,930,000	1,091,597,000	+45,865,000	+9,100,000	+667,000
National Institute of Dental Research	130,834,000	135,796,000	138,053,000	137,096,000	+6,262,000	+1,300,000	−957,000
National Institute of Diabetes and Digestive and Kidney Diseases	559,648,000	582,629,000	590,276,000	593,497,000	+33,849,000	+10,868,000	+3,221,000
National Institute of Neurological and Communicative Disorders and Stroke	472,346,000	493,502,000	495,203,000	498,988,000	+26,642,000	+5,486,000	+3,785,000
National Institute of Allergy and Infectious Diseases	742,277,000	842,712,000	845,523,000	847,112,000	+104,835,000	+4,400,000	+1,589,000
National Institute of General Medical Sciences	682,233,000	782,249,000	754,639,000	752,939,000	+70,706,000	−29,310,000	−1,700,000
National Institute of Child Health and Human Development	425,532,000	444,193,000	448,493,000	450,593,000	+25,061,000	+6,400,000	+2,100,000
National Eye Institute	231,292,000	239,474,000	240,636,000	241,774,000	+10,482,000	+2,300,000	+1,138,000
National Institute of Environmental Health Sciences	223,695,000	230,848,000	232,479,000	234,048,000	+10,353,000	+3,200,000	+1,569,000
National Institute on Aging	222,845,000	230,490,000	241,528,000	245,490,000	+22,645,000	+15,000,000	+3,962,000
National Institute of Arthritis and Musculoskeletal and Skin Diseases	160,015,000	168,588,000	171,673,000	171,688,000	+11,673,000	+3,100,000	+15,000
National Institute on Deafness and Other Communication Disorders	94,833,000	99,902,000	99,952,000	121,116,000	+26,283,000	+21,214,000	+21,164,000
Research resources	358,332,000	307,956,000	356,128,000	362,253,000	+3,921,000	+54,297,000	+6,125,000
National Center for Nursing Research	29,132,000	30,969,000	32,969,000	34,969,000	+5,837,000	+4,000,000	+2,000,000
John E. Fogarty International Center	14,002,000	15,532,000	15,579,000	15,532,000	+1,520,000		−47,000
National Library of Medicine	74,413,000	78,729,000	83,311,000	80,729,000	+6,316,000	+2,000,000	−2,582,000
Office of the Director	68,223,000	95,658,000	106,987,000	127,570,000	+59,347,000	+31,912,000	+20,583,000
Buildings and facilities	38,492,000	21,600,000	81,600,000	41,600,000	+3,108,000	+20,000,000	−40,000,000
Procurement reform				−4,000,000	−4,000,000	−4,000,000	−4,000,000
Total, NIH funding including AIDS	7,144,819,000	7,529,397,000	7,678,625,000	7,713,064,000	+568,245,000	+183,667,000	+34,439,000

Acquired immunodeficiency syndrome [AIDS]

The Committee has provided $752,670,000 for the AIDS-related activities of the National Institutes of Health. This is the same as the President's request and $151,354,000 more than provided in fiscal year 1989. The administration requested that all AIDS funding be provided in one centralized account in the Office of the Assistant Secretary for Health. The Committee has rejected this request. The figures are shown in the table that follows:

AIDS	Fiscal year—		House bill [1]	Committee recommendation	Recommendation compared with—		
	1989 actual	1990 request			Fiscal year 1989	Fiscal year 1990	House bill
NATIONAL INSTITUTES OF HEALTH							
National Cancer Institute	$122,247,000	$151,332,000	$151,332,000	$153,322,000	+$31,075,000	+$1,990,000	+$1,990,000
National Heart, Lung, and Blood Institute	38,088,000	42,651,000	42,651,000	42,084,000	+3,996,000	−567,000	−567,000
National Institute of Dental Research	3,441,000	4,269,000	4,269,000	4,212,000	+771,000	−57,000	−57,000
National Institute of Diabetes and Digestive and Kidney Diseases	3,562,000	5,394,000	5,394,000	5,322,000	+1,760,000	−72,000	−72,000
National Institute of Neurological and Communicative Disorders and Stroke	13,069,000	16,374,000	16,374,000	16,156,000	+3,087,000	−218,000	−218,000
National Institute of Allergy and Infectious Diseases	311,277,000	400,116,000	400,116,000	400,800,000	+89,523,000	+684,000	+684,000
National Institute of General Medical Sciences	10,831,000	14,916,000	14,916,000	14,718,000	+3,887,000	−198,000	−198,000
National Institute of Child Health and Human Development	21,900,000	27,129,000	27,129,000	26,769,000	+1,869,000	−360,000	−360,000
National Eye Institute	4,828,000	5,697,000	5,697,000	5,621,000	+793,000	−76,000	−76,000
National Institute of Environmental Health Sciences	4,132,000	4,377,000	4,377,000	4,319,000	+187,000	−58,000	−58,000
National Institute on Aging	443,000	870,000	870,000	858,000	+415,000	−12,000	−12,000
National Institute of Arthritis and Musculoskeletal and Skin Diseases	673,000	1,254,000	1,254,000	1,237,000	+564,000	−17,000	−17,000
Research resources	43,729,000	44,643,000	44,643,000	44,050,000	+321,000	−593,000	−593,000
National Center for Nursing Research	693,000	999,000	999,000	986,000	+293,000	−13,000	−13,000
John E. Fogarty International Center	4,621,000	4,910,000	4,910,000	4,845,000	+224,000	−65,000	−65,000
National Library of Medicine		500,000	500,000	493,000	+493,000	−7,000	−7,000
Office of the Director	12,882,000	12,339,000	12,339,000	12,175,000	−707,000	−164,000	−164,000
Buildings and facilities	4,900,000	14,900,000	14,900,000	14,702,000	+9,802,000	−198,000	−198,000
Total	601,316,000	752,670,000	752,670,000	752,670,000	+151,354,000		

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[1] House allocation based on Department assumption, not specified by House.

Misconduct in research

The Committee is responsible for appropriating billions of dollars each year for biomedical research and believes the Nation and the world have benefited enormously from the scientific work undertaken with these funds. However, the Committee is concerned about the effects on research that may result from recent investigations into allegations of misconduct in the biosciences.

The Committee deplores those instances where scientists have been guilty of fabrication or falsification of data, or of plagiarism, but believes the vast majority of America's biomedical researchers are honest, dedicated, and hardworking individuals of the highest integrity.

In their quest for truth, scientists investigating complex matters may reach conclusions that later information shows to be erroneous. Such honest errors are part of the scientific process and should not be confused with misconduct or fraud. Indeed, the scientific process is self-correcting through replication of research results that will resolve errors and expose dishonesty.

Moreover, it must be borne in mind that the creative instinct, which is the essence of scientific research, thrives in an environment of free inquiry, but can be destroyed by excessive Government regulation or by an atmosphere of intimidation.

Thus, the Committee will closely monitor the work of the new NIH Office of Scientific Integrity and the HHS Office of Scientific Integrity Review to make certain these agencies carry out their proper roles, but do not take actions that thwart or interfere with the continued creativity and excellence that are the hallmarks of biomedical research in this country.

Research training

The Committee is acutely aware of the impact of the adjustments in stipends requiring a cut in the total number of trainees made by the NIH in fiscal year 1989. The Committee has long been a supporter of the NIH programs to train the young scientists and has been very concerned by the reduction in trainees and its long-term impact on our research efforts.

We have heard from many individuals and organizations from the research community about the long-term effects that the cut in trainees will have on our research efforts. The Committee believes that the effects of this reduction would be detrimental to the foundation of our research efforts which have been purposefully built over the past decade. In that regard the Committee has provided the NIH with adequate funds in this appropriation to provide for continuation costs for the number of trainees approved in the reprogramming request of 1989 funding. Further, this level of trainees will be increased under this appropriation to a total of 11,600 slots.

Further, the Committee would like to receive by January 1990, prior to next year's appropriations hearing, a report from the NIH which outlines the long-term plans for training needs and addresses where the specific gaps in current training efforts exist to meet these needs.

The Committee has added $28,800,000 to the amount requested to support 11,646 training slots or approximately the level supported before the NIH increased the stipends. The Committee regrets the manner in which stipends were raised absent full discussions with the Congress and in a manner uncoordinated with the budget process. The following table displays where the training funds have been added:

RESEARCH TRAINING

[In thousands of dollars]

BID	Fiscal year 1990				Increase	
	President's budget		Revised		Number	Amount
	Number	Amount	Number	Amount		
National Cancer Institute	1,293	$33,060	1,429	$36,484	136	$3,424
National Heart, Lung, and Blood Institute	1,481	41,190	1,624	45,103	143	3,913
National Institute of Dental Research	200	5,484	220	6,025	20	541
National Institute of Diabetes and Digestive and Kidney Diseases	811	21,970	899	24,319	88	2,349
National Institute of Neurological and Communicative Disorders and Stroke	482	11,896	534	13,161	52	1,265
National Institute of Allergy and Infectious Diseases	460	14,082	561	16,759	101	2,677
National Institute of General Medical Sciences	3,622	78,520	3,954	85,673	332	7,153
National Institute of Child Health and Human Development	633	15,176	711	17,019	78	1,843
National Eye Institute	206	5,857	254	7,211	48	1,354
National Institute of Environmental Health Sciences	407	9,382	472	10,865	65	1,483
National Institute on Aging	305	8,301	347	9,429	42	1,128
National Institute on Arthritis and Musculoskeletal and Skin Diseases	194	5,984	233	7,128	39	1,144
National Institute on Deafness and Other Communication Disorders	107	2,622	116	2,842	9	220
Division of Research Resources	66	2,268	75	2,574	9	306
National Center for Nursing Research	217	3,680	217	3,680		
Total	10,484	259,472	11,646	288,272	1,162	28,800

NIH new and competing grants

The Committee is very concerned about the precipitous drop in the number of new and competing renewal research project grants funded by NIH. The Committee notes that the number of these awards has declined from some 6,200 in fiscal year 1988 to 5,300 in year fiscal 1989 and to only 4,800 proposed for support in fiscal year 1990. The Committee expects that with the additional funding provided the total number of new and competing grants will be in excess of 5,000 in fiscal year 1990. Such decreases will be especially chilling to young investigators planning research careers and pose a serious threat to the future vitality of biomedical science. The Committee believes the important research opportunities now available make it desirable for NIH to halt the drop in the number of research grants and return to the historically more realistic numbers.

The Committee notes that one important reason that the number of research project grants has declined is that new requests for research project grants continue to increase dramatically, each at the average rate of increase last year of 14 percent. According to the

HHS Inspector General the most significant explanation for this is the rapid escalation of requested salaries—up over 12 percent last year—which is the largest component of research project grants and represents almost 70 percent of the total on average. In order to advance the Committee objective of increasing the number of research project grants, the Committee has supported the administration request to cap extramural research salaries at $120,000 of NIH funds. This cap will save approximately $10,000,000 and should permit another 50 research project grants to be awarded. Clearly individual researchers can earn in excess of $120,000 if their supporting institutions provide additional funds.

Medical rehabilitation

The Committee emphasizes its strong support for medical rehabilitation research within the NIH and urges NIH to expand its research activity in this area. Medical rehabilitation research deals with the diagnosis and treatment of disabling physical conditions with the goal of restoring the optimum function of the individual. In two recent reports, "Injury in America" and "Pain and Disability," the Institute of Medicine and the National Academy of Sciences have recommended expanded research regarding the medical rehabilitation of physically disabled individuals. NIH has recently focused more attention of this area of research; for example, the National Institute on Aging has recently issued a general program announcement regarding the rehabilitation of the elderly. The Committee has provided a sufficient increase to enable the National Institute on Aging to begin this initiative in fiscal year 1990. The Committee urges the National Institute on Child Health and Human Development and the nursing center to expand their activity in rehabilitation medicine research consistent with appropriate research quality. The NIH should report to the Committee by January 1, 1990, on its plans for expanding research in medical rehabilitation throughout the NIH during fiscal year 1990.

Federal demonstration project

For the last 2 years, the Committee has encouraged progress under the Federal (formerly Florida) demonstration project to improve research productivity and has requested the Deputy Director of NIH, in his capacity as chairman of an Interagency Assessment Committee, to keep the Committee apprised of executive branch actions to expand this project.

The demonstration was originally an effort by the Florida State system of higher education, the private institution of the University of Miami, and five Federal agencies to reduce unnecessary paperwork and administrative requirements in federally sponsored research. The five agencies were the National Institutes of Health, National Science Foundation, Department of Energy, Department of Agriculture, and the Office of Naval Research. Hearings held by the Governmental Affairs Committee in April 1987 showed the project to be having measurable success in providing scientists more time to spend on science and less on administrative tasks while accountability for funds was maintained.

In March 1988, the Presidential Task Force on Regulatory Relief approved the expansion of the project, beginning October 1, 1988, to include research contracts as well as grants, and to include universities and research facilities outside of Florida.

In April 1988, the Interagency Assessment Committee reported to the Office of Management and Budget [OMB] and recommended national expansion of successful elements of the demonstration as well as continued demonstration on new elements.

On May 18, 1988, OMB issued a memorandum to the heads of executive departments and agencies implementing the recommendations of the Interagency Committee. All agencies were authorized to: Waive most prior approvals, authorize grantees to incur preaward costs at their own risk, initiate one-time no-cost extensions of up to 12 months, and carry forward unobligated balances to subsequent funding periods without prior agency approval. OMB also asked the Interagency Assessment Committee, composed of senior policy officials of the participating agencies, to continue to provide guidance and oversight.

At present, nine Federal agencies and 21 research institutions, accounting for nearly 40 percent of federally sponsored research funding, are participating in an expanded, second phase to test further changes in administrative and regulatory requirements.

The Federal demonstration project [FDP] is an important endeavor to show that research grants and contracts can be made more efficient (with likely increases in research productivity) by selective elimination of administrative processes that are unnecessary for prudent stewardship of public funds.

The Committee wishes again to compliment the leadership of NIH, the other agencies, and the participating research institutions for the progress made to enhance research productivity in this national demonstration. Efforts to achieve greater scientific results for each dollar of federally sponsored research is a national priority.

The Committee directs the chairman of the Interagency Assessment Committee to report to the Committee by October 1, 1989, on: (1) What progress has been made by the agencies in implementing the national expansion of the successful elements of the earlier (Florida) phase of the demonstration; (2) what elements or changes are currently being tested under the demonstration; (3) how soon and to what extent will additional policy changes and improvements result from the demonstration; (4) whether there are any problems in carrying on or implementing the demonstration which the Committee should be aware of; and (5) whether any statutory changes are needed to advance the objectives of improving research productivity.

NATIONAL CANCER INSTITUTE

Appropriations, 1989	$1,570,943,000
Budget estimate, 1990	1,646,073,000
House allowance	1,652,666,000
Committee recommendation	1,668,473,000

The Committee recommends an appropriation of $1,668,473,000 for the National Cancer Institute [NCI]. This is $22,400,000 more than the administration request, $97,530,000 more than the 1989 appropriation, and $15,807,000 more than the House allowance.

The National Cancer Institute conducts and supports basic and applied research, provides research training support, and initiates programs designed to translate research results into effective techniques for early detection, diagnosis, treatment, prevention, and control of cancer.

The Committee is very supportive of programs within the NCI which will greatly enhance the success of treating tumors otherwise inoperable. As a result, such programs like proton beam therapy should be fully explored so that the best and most effective treatments are available throughout the Nation.

Cancer progress

The Committee is generally pleased with progress in the National Cancer Program which has led to a reduction in the annual death rate for several major types of cancer for populations under 65. Additionally, new therapies have been developed to improve the quality of life for cancer patients even though death rates do not reflect this advance. The Committee is concerned, however, that the death rates for those over 65 have not diminished and cancer mortality rates are disproportionately high for blacks and certain minorities as they compare to the general population. The Committee finds this disparity unacceptable and urges NCI to continue to address this issue by strengthening existing programs and developing new minority-related initiatives. In this regard the Committee notes that NCI supports promotional efforts to increase minority use of the Cancer Information Service [CIS], a national toll-free cancer information network. Moreover, NCI program initiatives include the black leadership initiative through which six regional coordinators will be appointed by NCI to assist in the education of minority groups in health prevention techniques to reduce their risk of cancer. The NCI should expand its activities to examine the causes of the disparity in cancer rates by age and race and take steps to correct this problem, where possible, and continue its activities aimed at improving cancer statistics for the economically disadvantaged, including the rural poor.

The Committee is particularly aware that according to the NCI statistics, native Hawaiians have a significantly disproportionate incidence of certain types of cancer. The Office of Technology Assessment recently reported that full-blooded native Hawaiians have a mortality rate from cancer 126 percent higher than the U.S. population as a whole, and that the NCI itself has reported that Hawaiians had the highest incidence of cancer of any peoples in the world. To date, NCI has been unable to commit significant resources targeted toward the native Hawaiian population. The Committee feels that the time has come for NCI to make native Hawaiians and other Pacific islanders a significant priority in educational campaigns to reduce the unacceptably high mortality rates among this population.

Cancer statistics in rural areas

The Committee is aware of a growing concern in the upper Midwest with reports of high cancer rates in rural agricultural areas. The role agricultural chemicals may play as causative agents needs to be better understood. The Committee requests that the National

Cancer Institute review the need to develop a focused statistical series to further examine the scope and extent of this problem. The Committee would be pleased to receive a report from NCI on efforts planned in this regard by January 15, 1990.

Basic research

The Committee's commitment to basic research is reflected in support of investigator-initiated research project grants. Since 1971 the NCI has experienced an explosion in the understanding of the molecular and biological features of cancer. Basic research discoveries in cancer biology, etiology, treatment and control continue to be applied to improve diagnosis and early cancer detection techniques, to improve cancer treatment regimens, and to obtain valuable information related to cancer prevention and control. Recent findings in basic science research of rare tumors, such as retinoblastoma, often have profound implications for the more common tumors, such as lung cancer, breast cancer, or colon cancer.

Prevention and control

The Committee gives major priority to cancer prevention efforts which are supported predominantly through the Cancer Prevention and Control Program. Through the use of prevention clinical trials and basic research in nutrition, a major NCI initiative to uncover the best means of reducing cancer risk through dietary modification is underway. The Committee encourages increased emphasis on prevention research and recognizes that a nutrition and cancer research laboratory is invaluable to this effort. Projects are underway to promote cancer prevention awareness, to work with State and local health agencies in prevention and control, to improve access to state-of-the-art cancer diagnosis and care, and to disseminate breast cancer information, cancer detection guidelines, patient education, and information for minority groups. The Committee is concerned with the lack of uniformity of state-of-the-art treatment for cancer patients across the United States and plans to continue to explore new ways to reach populations with the newer treatments and more effective diagnostic and early detection techniques.

Cancer centers

Cancer centers are an extremely valuable resource in NCI's comprehensive cancer program which perform basic cancer research, disseminate information, transfer technology, and apply the latest scientific findings to their communities. They also conduct prevention, control and therapy activities. The Committee urges the NCI to explore innovative ways to strengthen the centers program to improve the accessibility to state-of-the-art treatment for all Americans.

The Committee is well pleased with the study prepared on the subject of cancer centers by the Institute of Medicine. That study made a number of findings on cancer centers as follows:

Scientists and clinicians in institutions with NCI core grants receive nearly one-half the research project grants awarded by the NCI through a process of competitive peer review; cancer center researchers have been involved in many of the important basic, clinical, and epidemiologic cancer research advances made in the last

20 years; the centers are sites for more than one-half of the cancer research traineeships funded by the NCI; many centers are involved in cooperative oncology groups that conduct clinical trials supported by the NCI; and, as a group, the centers are a valuable resource for the NCI in the national effort to understand, prevent, and treat cancer and its consequences. The Committee concurs in these findings.

The study also makes a series of recommendations regarding administrative arrangements for the cancer center program within the NCI. The Committee urges the NCI management to give careful and favorable attention to these recommendations.

Finally, the Committee is concerned that in view of the important role played by cancer centers that five such centers may be defunded during fiscal year 1990. The Committee has added funds to the NCI budget to help ensure that the number of cancer centers remains constant in fiscal year 1990.

Treatment research—Clinical trials

The Committee is pleased that federally supported cancer research scientists have made significant advances in cancer treatment research. These advances have resulted in more effective and more tolerable treatments, progress in combining therapies, advances in adjuvant therapy and the development of effective new anticancer agents. NCI clinical trials are central to the successful application of new treatment advances. The Committee is concerned, however, that due to low enrollment in clinical protocols, the lack of third-party coverage for patient care costs for clinical trial participants and the slow process by which new treatment ideas or drugs are made available for general use, more effective cancer treatment regimens for use by the general public are being restricted. The Committee expects to hear from NCI before the hearings next year on NCI recommendations to address these problems.

Information dissemination

The Committee stresses the value of a strong information dissemination program as a major tool in the application of cancer research results. The Institute has developed a comprehensive program of information dissemination activities. In an effort to reduce cancer mortality, the Institute is exploring new ways to reach populations including the medically underserved. Last year NCI, in order to disseminate preliminary results of clinical trials in adjuvant therapy for early breast cancer, issued a clinical alert to 13,000 practicing physicians and cancer organizations. NCI follow-up revealed that a significant number of physicians changed their therapeutic practice for the relevant breast cancer patients. However, although this alert successfully improved breast cancer treatment, data from the Surveillance, Epidemiology, and End Results [SEER] Program indicate that many cancer patients may not be currently receiving the most up-to-date treatment for their particular type of cancer. Thus, NCI has increased efforts to expand usage by physicians of the physicians data query [PDQ] system, a computerized data base that lists treatment options and available clinical protocols for all types of cancer. The NCI should continue its innovative approaches to information dissemination and continue to find ways to expand information dissemination programs to improve the quality of cancer prevention, early detection, and treatment across the Nation.

In order to enhance greater emphasis on cancer information dissemination and to put into practice the great knowledge already developed, the Committee expects that at least $96,000,000 will be spent on this effort in fiscal year 1990, a $900,000, or 5 percent, increase over fiscal year 1989.

Supercomputer

The NCI supports innovative and effective use of supercomputer technology and encourages the expansion of this technology necessary for the investigation and design of new and more efficient and effective drugs to inhibit the growth of the AIDS virus, for the study of oncogenes and viral proteins and the entire AIDS virus genome, and for the design of new strategies to treat cancer. The Committee is aware that the supercomputer available to the National Cancer Institute for various biomedical research studies is approaching the saturation point. On a number of occasions, this has required the NCI to borrow time from other Federal agencies. The Committee is sympathetic to the need to expand supercomputer capacity for NIH and NCI and, therefore, has included $34,000,000 in the Office of the Director for its competitive acquisition.

Retrovirus research

The Committee is interested in expanding research related to retroviruses in domesticated animals. The Committee's understanding is that substantial new and valuable knowledge can be developed through an expanded research program focused in the domesticated animal research community. It is expected that the Institute will provide to the Committee a plan for its expanded retrovirus research in domestic animal programs not later than February 15, 1990. The Committee also notes that additional funds have been added to increase the research effort in this field and commends to the NCI the strong interest and capability of Iowa State University in this regard.

Pediatric AIDS

The Committee is concerned, based on the testimony of both agency and public witnesses, that many promising pediatric AIDS research opportunities remain unfunded. The Committee therefore has added $10,000,000 of additional funding to increase the pediatric AIDS research effort; $4,000,000 of this increase has been added to NCI.

Nursing—Oncology

The Committee again urges the NCI to continue its systematic efforts to ensure that professional nurses are actively involved in the programs, advisory boards, and committees of NCI. In this regard, the Committee is especially pleased to learn that NCI is in the process of recruiting nurses to fill a position on the NCI Board of Scientific Counselors, and that the cancer centers, cooperative groups, and oncology programs clinical groups now have nursing committees to facilitate and develop research. Further, the Committee reiterates its support for NCI giving priority to the Nursing Oncology Individual Research Fellowship Award Program, the nursing clinical training programs, and the implementation of nursing research initiatives. The Committee was especially pleased to note that the NCI Nurse Oncology Training Program, which began in 1985, has already more than doubled the number of baccalaureate nurses who are involved in oncology.

Special funding increment

The Committee acknowledges the fundraising efforts of the Stop Cancer Foundation under the direction of Dr. Armand Hammer which has raised $12,500,000 in support of cancer research. These funds will be donated to the National Cancer Institute and the Committee authorizes the Institute to accept these funds to provide support for cancer biology and adoptive cellular therapy as determined by the Director, NCI. Additionally, the Committee has added $12,500,000 to the NCI budget to be spent and allocated through the normal peer review process by NCI, which the Committee considers to be a Federal match to the $12,500,000 gift.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 1989	$1,045,732,000
Budget estimate, 1990	1,082,497,000
House allowance	1,090,930,000
Committee recommendation	1,091,597,000

The Committee recommends an appropriation of $1,091,597,000 for the National Heart, Lung and Blood Institute [NHLBI]. This is $9,100,000 more than the administration request, $45,865,000 more than the 1989 appropriation, and $667,000 more than the House allowance.

The NHLBI conducts and supports research relating to diseases of the heart, blood vessels, lung, and blood and to the uses of blood and the management of blood resources.

Health impact and progress

The Committee is pleased with the declines of heart disease and stroke mortality; nonetheless these diseases continue to cause over 1 million deaths annually and to impose more than $164,000,000,000 in health care costs each year. Moreover, the benefits of declining heart attack and stroke death rates are not shared equally among the American public. The rates for both heart attack and stroke remain substantially higher in minority populations. For asthma and chronic obstructive pulmonary disease, the mortality rates have been increasing by 7 percent per year in the general population and even more rapidly in minority populations.

The Committee is also aware that the ongoing explosion in molecular biology technology is enabling hematologists to identify and produce a wide range of factors to treat human disease. One example is the factors that control the growth and production of normal human cells. Their deficiency leads to death in a wide range of disorders which affect the blood. Hematologists and other biomedical scientists have cloned the human gene of specific growth factors, have characterized their precise biochemical structure and function, and worked with private industry to produce large amounts for patient use.

Finally, the Committee has generally been pleased with the historical commitment of the NHLBI to health promotion and disease prevention research, as well as to the interface between behavior and lifestyle research for the prevention and control of disease and the maintenance of good health. The Committee expresses concern, however, that last year NHLBI decreased its percentage of expenditures in this area. The Committee remains committed—in view of the well established fact that lifestyle and behavior play a critical role—to having NHLBI increase both behavioral research and education campaigns focused on appropriate behavioral and lifestyle modification. The Committee suggests a review of the appropriate funding level to be focused on these activities by the year 2000 and requests the development of a 10-year plan to accomplish this goal. The Committee further urges NHLBI to increase the number of behavioral scientists on its various study sections and other policy oriented boards and committees. The Committee strongly feels that behavioral research is an area in which NHLBI should develop cooperative initiatives with other NIH Institutes such as the NCNR and NIA.

Heart attack

The Committee notes that largely as a result of NIH-sponsored research lives are saved and hospital costs are reduced by such new and better techniques for the treatment of heart attack as the early use of thrombolytic agents and the selective use of balloon angioplasty. A recent Institute-sponsored trial showed that, with the use of thrombolytic agents and other current therapy, immediate or early coronary angiography and balloon dilatation offer no additional benefit to the already good prognosis of patients whose symptoms stabilize. The Committee urges the NHLBI to redouble its efforts to get such information into general medical practice. The deferral and selective use of the more complex procedures are expected to result in health care cost savings of approximately $200,000,000 per year.

Cholesterol

The results of research have led to new understandings of the role of elevated blood cholesterol, particularly elevated LDL-cholesterol, in the development of heart disease, and of the role of HDL-cholesterol in inhibiting its development. This knowledge, coupled with the existence of effective ways to reduce elevated blood cholesterol through diet, weight loss, and if necessary, drugs, has provided the scientific basis for the National Cholesterol Education Program. As the role of cholesterol reduction in the prevention of heart disease is less understood in people above the age of 60, a pilot clinical trial on the effectiveness of blood cholesterol reduction in this population is being undertaken.

Artificial heart

The NHLBI is continuing to support the development of the electrically energized fully implantable total artificial heart and the planned clinical testing of the left-ventricular assist device.

The Committee encourages the National Heart, Lung, and Blood Institute to support cardiovascular research which will improve vascular surgical techniques by developing a greater understanding of how blood vessel prostheses (grafts) behave in the body.

High blood pressure

The Committee is pleased that the question of optimal long-term management of mild hypertension is receiving new attention. Of particular interest are therapies that avoid or minimize drug treatment, including weight loss, relaxation regimens, dietary restriction of alcohol and sodium, and dietary supplementation with potassium, calcium, or magnesium. Mechanisms of hypertension development and genetic markers for hypertension are among the current subjects of basic research. Improved methods to identify individuals at risk for the development of hypertension and to predict individual responses to specific therapies are likely to evolve.

Asthma

The Committee notes that asthma currently affects more than 15,000,000 Americans and increases are being reported in asthma mortality and hospitalizations. Research conducted among children with asthma has shown that self-management programs can decrease the symptoms of asthma, improve control of the disease, and reduce both hospitalizations and school absences. Some $14 in health care costs are saved for every $1 spent implementing these self-management programs. Basic research continues on the mechanisms of asthma, including the influences of the autonomic nervous system upon airway function. The Committee is supportive of the proposed national asthma education program.

Chronic obstructive pulmonary disease and emphysema

Respiratory diseases are among the leading causes of death and disability in the United States. For example, chronic obstructive pulmonary disease [COPD] accounted for 80,000 deaths in 1987. Most disturbing is the fact that in contrast to other common causes of death, the mortality from diseases of the lung has shown a dramatic increase—40 percent from 1970 to 1986—and continues to rise sharply.

The Committee is very supportive of the lung health study a clinical trial being conducted by NHLBI that will determine if individuals at risk for the development of chronic obstructive pulmonary disease can avoid it through a series of preventive intervention strategies, including the use of certain bronchodilator medications. The findings of this trial are critical to improving the treatment of 10 million persons with COPD in the United States. The Committee would like to receive a written report from NHLBI on the status of this trial before the next budget cycle.

Cystic fibrosis

The Committee is pleased with the establishment of the three new NHLBI Specialized Centers of Research which have undertaken research directed toward improved diagnosis and treatment of cystic fibrosis.

Although cystic fibrosis is a genetic disease that involves several organ systems, its most prominent complications are pulmonary. Identifying the gene responsible for cystic fibrosis is a major research goal and significant advances have been made.

AIDS

Research relating to the safety of the Nation's blood supply and the lung and heart manifestations of HIV infection are targets of the Institute's AIDS program. An NHLBI-supported study that focused upon blood collected and transfused before routine HIV testing has served to define the hazard and time course of HIV transmission through blood products and the subsequent development of AIDS. Better viral inactivation methods applicable to blood products and more effective blood tests and donor screening programs are the subjects of current NHLBI research programs. Other programs focus upon pulmonary manifestations, the leading complications of AIDS; the involvement of the heart in HIV infection; pediatric AIDS acquired through maternal infection; and the impact of HIV infection on the immune defense mechanisms and the bone marrow.

Cooley's anemia

The Committee has learned of the many research opportunities available to develop an oral chelator to reduce the overload of iron deposits in vital organs caused by necessary numerous blood transfusions to patients with some anemias, and especially Cooley's anemia. Currently a drug to accomplish this is injected by pump through a needle into the stomach area for a 10- to 12-hour period daily; if the regimen is followed life is much prolonged and enhanced, but if it is not followed because of discomfort, noncompliance becomes life-threatening.

Thus, an oral chelator would be of considerable value to patients, and the NHLBI has indicated that a number of fundable research opportunities remain unfunded because of budgetary constraints.

The Committee strongly urges funding of eligible grant proposals and the activation of any other mechanisms which might cause the research to move more rapidly; funds have been made available to the institute to carry out this program.

Bone marrow registry

The Committee has provided sufficient funds above the President's request to continue the operation and development of the National Marrow Donor Program and fully expects the program be given top priority. The registry has become a critical national resource for the treatment of diseases of the blood and cancer. The Committee commends the National Marrow Donor Program Board for the accomplishments of the program and acknowledges with appreciation the collaborative support for the program provided by the American Red Cross, the Council of Community Blood Centers, and the American Association of Blood Banks in the past, and anticipates continued cooperation in the future.

The Committee concurs in the recommendation of the report issued by the Department of Health and Human Services (March 1988) entitled "Evaluation of the National Bone Marrow Registry" that it is, "essential that ways be devised to enhance and accelerate the recruitment of adequate numbers of donors for the registry." Accordingly, the Director is encouraged to support the expansion of the interpersonal network aspects of local registries, the continued exploration of cooperative agreements with international registries and the development of new community-based recruitment initiatives. Another primary goal of the program is to support research on the application of bone marrow transplantation in the treatment of various blood diseases, and cancer, and on minimizing graft versus host disease.

Furthermore, the Committee concurs with the Department's view expressed in the March report that critical to the effective functioning of the National Marrow Donor Program is "flexibility in the governance of the registry, as reflected in the active involvement of private groups that are interested in the establishment of a national registry * * *." It is the Committee's expectation that the Director of the NHLBI will facilitate the involvement of such groups, as well as foster and maintain a close working relationship with these groups in the management of the registry.

Basic research

Advances in clinical medicine are dependent upon developments across a broad spectrum of basic research. For example, molecular biology plays an important role in the study of blood platelets, clotting, and atherogenesis, and is critical to the study of heart attack and stroke. Monoclonal antibodies were used in the development of new clot-seeking thrombolytic agents that reduce heart muscle injury during heart attack. Genetic linkage analysis, including molecular genetics, is being used to reveal the fundamental defects and suggest potential avenues of therapy for such diseases as cystic fibrosis, hypertension, atherosclerosis, and asthma. Animal models are essential to the study of such genetically based diseases as sickle cell disease, cystic fibrosis, and alpha-1-antitrypsin deficiency.

Research centers

The Committee continues its support of the centers program which links basic research and clinical investigative activities, helping to promote a prompt application of basic science findings into practice. In the past year, three specialized centers of research were established on cystic fibrosis and two on sleep apnea. They complement the Institute's ongoing programs in arteriosclerosis, hypertension, adult respiratory failure, chronic diseases of the airways, occupational and immunologic lung disease, pulmonary vascular diseases, respiratory disorders of neonates and children, sickle cell disease, thrombosis, and transfusion medicine. The existing program in ischemic heart disease is being revised to cover coronary and vascular diseases, heart failure, and congenital heart disease.

Clinical trials

Large-scale collaborative clinical trials provide definitive scientific assessments of promising interventions in the prevention and treatment of disease. They have contributed to the substantial decreases in death rates from cardiovascular diseases. Examples include the trials on treatment of high blood pressure; the coronary primary prevention trial; and the trials of coronary artery surgery, thrombolytic therapy, and balloon angioplasty.

Research training

Research training is supported by the NHLBI under the institutional and individual National Research Services Awards programs and through career development awards. The career development awards allow promising physicians and other professional doctorates to develop research skills and to participate in research and curriculum development in specific priority areas such as preventive cardiology, preventive pulmonary medicine, and transfusion medicine.

Nursing

The Committee is pleased to learn that a number of nurses and national nursing organizations presently serve in the NHLBI extramural divisions and offices as project officers and program coordinators in research and policy planning activities. These coordinating committees and the expert panels that are part of them are responsible for producing guidelines for clinical practice, and they afford nurses and nurse investigators opportunities to utilize their expertise to influence health policy and health planning. The Committee is aware that nurses are being considered routinely for administrative and advisory positions on NHLBI clinical trials data monitoring and safety monitoring committees, and urges that NHLBI continue its efforts in this area, as well as expand the number of committees on which nurses serve. Further, the Committee strongly supports the continued involvement of nurse researchers in research projects sponsored by NHLBI, as well as the opportunity for nurses to apply for pre- and post-doctoral training. The Committee urges NHLBI to continue its efforts to ensure that professional nurses remain actively involved in its activities and programs.

Health education programs

The Committee is concerned that inadequate funding has been allocated to NHLBI public education programs, particularly in light of the fact that two new topic areas have been added. The Committee, therefore, directs that the very highest priority be given to using funds added by the Committee for health education programs and anticipates an increase $5,000,000. Additionally, in an effort to evaluate the future funding requirements, the Committee directs the Director to review all public education programs and report to the Committee prior to the fiscal year 1991 appropriations hearings. The report should include the impact of level funding and the addition of new programs to the existing funding base. In addition, the report should address the important issue of targeting materials to minorities and groups at high risk of disease—what has been done and what is expected to be done in fiscal year 1990. Finally, the Committee is aware of the important role played by science museum public education programs such as the sickle cell anemia exhibit at the Museum of Science and Technology at Chicago.

NATIONAL INSTITUTE OF DENTAL RESEARCH

Appropriations, 1989	$130,834,000
Budget estimate, 1990	135,796,000
House allowance	138,053,000
Committee recommendation	137,096,000

The Committee recommends an appropriation of $137,096,000 for the National Institute of Dental Research [NIDR]. This is $1,300,000 more than the administration request, $6,262,000 more than the 1989 appropriation, and $957,000 less than the House allowance.

The NIDR conducts and supports research and research training in oral diseases and disorders, including their causes, prevention, diagnosis, and treatment.

Research and action program

The Committee is well pleased with the report submitted by NIDR on its program for improving the oral health of adults, older Americans, and those in high-risk groups. The Institute's role in this program will be to expand the knowledge base and accelerate the transfer of research findings to the public and to dental care providers. Achievement of the goal of the program—to eliminate tooth loss in the U.S. population—is expected to result in significant cost savings to the Nation, including over $2,000,000,000 in denture costs alone over the next 20 years.

The Committee is aware that NIDR has initiated studies to develop improved understanding of temporomandibular dysfunction [TMD], a condition characterized by chronic jaw pain and various signs of abnormality in jaw function. The Committee recognizes that particular urgency underlies this effort because many patients are now seeking treatment, including some methods which are irreversible. The NIDR has indicated that further study is needed to determine how widespread the disorder is and whether various dental practices may promote development of TMD. The Committee encourages the NIDR to pursue research to improve the understanding of TMD-related disorders and to identify effective diagnostic and treatment procedures for this condition.

Oral health in the aging

As part of its expanded effort to address the oral health of older Americans, the Institute has awarded its first grant for a Research Center on Oral Health in the Aging. Projects supported at the center include research on periodontal diseases, epidemiological studies, and investigations of taste and smell disorders in older people.

Dental sealants

The Committee is pleased that the NIDR is increasing efforts to promote the use of dental sealants. Dental sealants, which are applied to the chewing surfaces, virtually eliminate the risk of decay in these areas. The widespread availability of fluorides in drinking water and in dental care products has drastically reduced the amount of decay on the smooth surfaces of children's teeth, resulting in a $3,000,000,000 savings in dental costs each year. The majority of the decay that remains is on the chewing surfaces of the back teeth, which are the least benefited by fluoride.

Materials development

NIDR-funded research has resulted in advances in restorative materials which will result in reductions in dental treatment time, difficulty, and cost. Among the most significant of these advances has been the development of new materials that bond directly to enamel and dentin, thereby minimizing the drilling of healthy tooth material to hold a filling. Lower cost alloys and higher strength ceramic materials are also evident in dental practice, resulting in additional cost savings to the patient.

AIDS research

NIDR-funded AIDS research has resulted in the finding that a factor has been found in saliva that inhibits the ability of HIV to infect immune cells, giving further weight to evidence that there is little risk of transmission of HIV through saliva. In other work, drugs have been identified that block the invasiveness of Kaposi sarcoma cells; the drugs could be applied locally in patches to the skin or oral soft tissue.

Clinical core research centers

The Committee believes that a principal objective of the NIDR is to promote research that will expedite the translation of basic scientific knowledge into new and better methods for improving the oral health of the Nation. In the view of NIDR and others with whom the Committee has consulted, the best way to further this objective is by establishing clinical core research centers. The Committee, therefore, has added funding to establish up to three clinical core research centers.

Nursing

The Committee strongly urges NIDR to utilize nursing knowledge and expertise by systematically ensuring that professional nurses are involved in its programs and activities.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 1989	$559,648,000
Budget estimate, 1990	582,629,000
House allowance	590,276,000
Committee recommendation	593,497,000

The Committee recommends an appropriation of $593,497,000, for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. This is $10,868,000 more than the administration request, $33,849,000 more than the 1989 appropriation, and $3,221,000 more than the House allowance.

The NIDDK supports and conducts research and research training on many of this country's most serious and chronic diseases: diabetes; endocrinology and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and blood diseases. Many common research themes underlie and unite the NIDDK's research program.

Diabetes

The Committee notes that progress is being made in understanding the biological processes that lead to diabetes which today affects 11 million Americans. Recent research on insulin-dependent, or type I, diabetes has revealed a possible genetic basis for the autoimmune destruction of insulin-producing cells of the pancreas. An improved blood test for very early diagnosis of type I diabetes has also been developed. Diabetic patients with a rare genetic form of extreme insulin resistance are now known to have defective insulin receptors, suggesting that receptor defects may also lead to this form of type II diabetes. In other research to combat the complications of diabetes, two types of drugs are being developed—aldose reductase inhibitors and aminoguanidine. The Institute also is sponsoring the diabetes control and complications trial which compares the effects of different treatments on the development of diabetes-related vascular complications. To understand why diabetes disproportionately affects minorities, the Institute sponsored a symposium on diabetes in black Americans and a workshop on diabetes in Hispanics. The Committee has added $3,000,000 to expand research efforts for diabetes related to kidney disease.

The Committee is pleased with the progress that NIDDK has made to date in addressing the high incidence of diabetes in the American Indian and Alaskan Native populations, and urges a continued commitment to addressing the problems of these native American peoples in cooperation with the Indian Health Service.

The diabetes rate for full-blooded native Hawaiians has been found to be 588 percent greater than that of the Nation as a whole. The Committee, therefore, strongly urges that an increased research effort of up to $500,000 be focused on addressing the question of the high incidence rate of diabetes among native Hawaiians. The Committee also requests the NIDDK in connection with CDC and the native Hawaiian organization Popa Ola Lohaki prepare a report on steps that can be taken based on currently available information to reduce the high incidence rate of diabetes among native Hawaiians. The Committee requests this report by January 30, 1990.

Endocrine research

The Committee has included funding to continue endocrine system research as functional abnormalities of the endocrine system are a major source of disease. Estrogen is important in maintaining bone density, and the recent discovery of estrogen receptors on bone cells should enable scientists to study further the relationship between estrogen and osteoporosis in post menopausal women. In the regulation of stress, an agent has been developed that prevents the stress response in experimental animals by blocking a specific hormone receptor.

The area of hormone regulation and hormone production is an exciting field of scientific interest which affects most important functions of the human body. Because of the intricate relationship between the endocrine system and these body functions, the Committee is pleased that the institute has included basic research initiatives in this area in past years. Because of the expanding information in this area specifically as it relates to immune factors in hypo- and hyper-thyroidism and the emerging roles of various proteins in endocrine regulation, the Committee directs that continued emphasis be placed on basic endocrinology research.

Digestive diseases

NIDDK funded research continues to improve our understanding of diseases of the digestive tract. These diseases afflict more than one-half the U.S. population at some point in their life, at a cost to the Nation of about $50,000,000,000 annually. Improved therapies for many of these diseases are helping patients and creating opportunities for cost savings. An improved nonsurgical treatment for gallstones uses combinations of shock waves and bile acids. A new preservation solution for donor livers is prolonging the viability of these tissues for transplantation, is reducing retransplantations by one-third, and is reducing complications associated with liver transplantation. To foster additional progress in liver research, NIDDK has established a liver procurement and distribution system, a liver transplantation data system, and a liver cell culture facility. In Crohn's disease, studies have revealed that abnormal growth of intestinal smooth muscle cells produces excess connective tissue, leading to abnormal thickening of the bowel wall. Understanding the mechanisms that underlie this chronic inflammatory condition is critical to the development of effective interventions. The treatment of ulcers will also benefit from the development of new drugs that reduce acid secretion by the stomach. In other research, drug therapy and nutritional regimens are being devised that may combat the wasting syndrome in AIDS.

The Committee is concerned about the impact of the proposed budget for the Digestive Disease Research Centers Program. The Committee expects the Institute to give high priority to additional funding for the centers with the additional funding provided by the Committee.

The Committee is aware that the Digestive Diseases Advisory Board has recommended the initiation of several important, but expensive clinical trials in the area of digestive diseases. The Committee would like the Institute to thoroughly examine the need and potential for these clinical trials with funding recommendations, and provide that information to the Committee by March 1, 1990.

Additionally the Committee is concerned about the severe shortage of young investigators entering the field of digestive disease, and the Committee is not convinced that the Institute is making an effort to provide opportunities for young investigators to pursue a career studying digestive diseases. The Committee suggests that the Institute follow the recommendations of the Institute of Medicine study outlining needs for digestive disease research training.

Nutrition

NIDDK intramural scientists have found that people having slow metabolic rates are at greater risk for gaining weight than people with higher metabolic rates, and that members of the same family tend to have similar metabolic rates. NIDDK grantees identified the first possible regulator of fat cell metabolism, a protein called adipsin. Other studies have shown that omega-3 fatty acids are necessary for brain and retina development.

Kidney and urologic diseases

The Committee notes that the economic cost of treating end-stage renal disease [ESRD] is estimated at nearly $3,000,000,000 annually and that a leading cause of ESRD is the kidney disease associated with diabetes mellitus [KDDM], and that this disease will continue to be the focus of a multidisciplinary research initiative. In studies on animals, drugs corrected this form of kidney disease, which is associated with renal hypertension.

The Committee was pleased to learn that the clinical trial on modification of diet in renal disease [MDRD], has recently entered the full-scale phase. This legislatively mandated study is attempting to determine whether low protein and low phosphorus diets can delay end stage renal disease, whose treatment costs through the Federal Medicare Program, are nearly $3,000,000,000 annually. The Committee has heard testimony that the costs of this study are having an adverse impact on the Institute's funding of other kidney research grants, and that young investigators may be particularly affected. The Committee is therefore providing additional funding up to $4,000,000 to support the MDRD and enable the Institute to pursue other compelling research opportunities in the kidney field through investigator-initiated research project grants.

The Committee urges effort to continue improving nonsurgical means for the prevention and treatment of kidney stone formation. A drug for the prevention of one type of renal stones has recently been approved. Scientists now have a better understanding of the role of the androgic hormones in regulating prostate growth, information that may help determine the causes and prevention of benign prostatic hyperplasia.

The Committee continues to be concerned that there are serious training problems in pediatric nephrology. This matter was addressed during last year's bill and NIDDK is urged to give every consideration to making special arrangements to effectively address this matter this year.

The Committee has become aware that there are at least 19 NIDDK study sections which currently do not possess the expertise of urologists. The Committee recommends that the Director give serious consideration to appointing more urologists, where appropriate.

Interstitial cystitis

The Committee was pleased to receive the 5-year plan that it requested the Institute to develop for research on interstitial cystitis

[IC], a painful and debilitating bladder disease of unknown cause. Particularly noteworthy is the recent development and testing of preliminary diagnostic criteria for IC, which the Institute spearheaded and is now encouraging researchers to use. Development of these criteria represents a major step forward, because the symptoms of IC can be extremely variable and the lack of a uniform clinical definition has been an obstacle to effective research and treatment. The Committee is also pleased that the Institute is working to establish a pilot IC data base that will analyze clinical data, obtained in cooperating academic medical centers, on IC patients who meet the diagnostic criteria. In reviewing the 5-year plan, the Committee believes the Institute has begun building a high quality and promising research program on IC. The Institute should continue working closely with the Interstitial Cystitis Association to implement the 5-year plan, which the Committee supports. The Committee further urges the NIDDK to explore the feasibility of establishing a National IC Registry and issue an RFP for such a registry within available funds.

Inflammatory bowel disease

Inflammatory bowel disease is a serious digestive disease that is characterized by pain, bowel obstruction, and ulceration, excessive bleeding, and perforation of the bowel. There are two major forms of the disease: ulcerative colitis and Crohn's disease. An estimated 1 to 2 million Americans suffer from IBD, including approximately 200,000 children under the age of 16. The causes of this disease are unknown, and existing treatment with drugs, diet, and/or surgery is not optimal. To intensify research on inflammatory bowel disease, the Committee has provided $1,500,000 in additional funds for the Digestive Diseases Centers Program of the National Institute of Diabetes and Digestive and Kidney Diseases. These funds are to be used by one or more existing centers to support research efforts on inflammatory bowel disease.

Nurses

The Committee is pleased to learn that nurses are an integral part of major clinical trials supported by NIDDK. These opportunities allow professional nurses to utilize their clinical knowledge and expertise to improve the quality of care delivered to patients suffering from these conditions. Therefore, the Committee strongly recommends that NIDDK continue its efforts to ensure that professional nurses are actively involved in its programs and functions.

Nutrition research

The Committee notes the growing public and professional recognition of the fundamental link between nutrition studies and our understanding of many diseases. The U.S. Surgeon General and the National Academy of Sciences have cited this relationship in their comprehensive studies issued this year. Both reports concentrated on the significance of obesity which may affect a quarter of the U.S. population and is recognized as a risk factor in an increasing number of diseases. As part of the next budget submission NIH should include plans for the development of a limited number of additional clinical nutrition research units dedicated to the study of obesity.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 1989	$472,346,000
Budget estimate, 1990	493,502,000
House allowance	495,203,000
Committee recommendation	498,988,000

The Committee recommends an appropriation of $498,988,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. This is $5,486,000 more than the administration request, $26,642,000 more than the 1989 appropriation, and $3,785,000 more than the House allowance.

The NINDS supports and conducts research and research training on the brain, the nervous system, and neurological and neuromuscular disorders. These disorders include brain and spinal cord trauma, Parkinson's disease, Huntington's disease, epilepsy, stroke, aphasia, brain tumors, neuro-AIDS, multiple sclerosis, muscular dystrophy, Batten's disease, Gaucher's disease, amyotrophic lateral sclerosis, and sleep disorders. This effort requires a careful balancing of basic and clinical research. The basic neuroscience research program includes studies on the normal structure and function of the brain, nervous system, and muscle, the sources of dysfunction in the neurological and neuromuscular systems, and research training in the basic neurological sciences. The clinical research program addresses improvements in the prevention, diagnosis, and treatment of the neurological and neuromuscular diseases, the development of neural prostheses, epidemiological research, and research training in the clinical neurological sciences.

Head and spinal cord injury

The NINDS leads the Federal research effort on head and spinal cord injury, supporting clinical and epidemiologic investigations aimed at improved diagnosis, treatment, and restoration of function. These clinical studies are bolstered by basic laboratory studies of the nervous system's response to trauma and nerve cell growth and repair.

The Committee notes that traumatic brain injury is the leading killer and cause of disability in children and young adults. Every 15 seconds someone suffers from a head injury; every 5 minutes someone becomes permanently disabled as a result; and every 5 minutes someone dies. The cost of care and services for patients with traumatic brain injury approaches $25,000,000,000 per year. The Committee is aware that the interagency head injury task force representing 13 Federal agencies met in 1988 and has completed its report. This report includes recommendations for a national strategy on traumatic brain injury, emphasizing research needs in prevention, basic biology, and clinical and rehabilitation intervention. The Committee strongly urges NINDS to allocate a significant portion of the increased funding provided for additional traumatic brain injury research.

The Committee is supportive of continued research on spinal cord injury which has contributed to our knowledge of the effects of growth factors on the cells and nerve fibers that make up the nervous system. Promotion of cell survival and continued function would have far-reaching effects for treatment of injury to the nervous system and to research on such degenerative diseases as Alzheimer's and Huntington's.

Neurogenetics

The Committee has provided funds to continue neurogenetic research and notes that of the estimated 4,000 genetic disorders, one-quarter affect the nervous system. In the area of neurogenetic research, scientists have identified the genetic basis of many neurological and neuromuscular disorders. Due to the recent discovery of the gene responsible for Duchenne's muscular dystrophy, scientists can now differentiate between various forms of muscular dystrophy and can focus on the development of preventive and clinical treatments. NINDS-supported investigators are working on locating the responsible gene and its products. Fiscal year 1990 funding will permit field trials of a presymptomatic test for Huntington's disease. In addition, NINDS grantees are narrowing the search for the genes responsible for the two different forms of neurofibromatosis.

Epilepsy

Fiscal year 1990 funding will permit continued research into the diagnosis and treatment of epilepsy, one of the most common neurological disorders in this country. NINDS grantees and intramural scientists are working to discover the underlying mechanism for seizure activity and to improve methods for diagnosis and treatment. New drugs are being screened by the Institute's antiepileptic drug development program to determine their antiepileptic potential, and clinical studies are being supported to evaluate their effectiveness in patients. This program has contributed to the marketing of four new drugs; two other drugs are being developed which do not have the sedative effect of many currently used epilepsy medications. NINDS laboratory and clinical research efforts are being focused also on neonatal seizures which affect low-birth weight infants.

Narcolepsy research

In last year's Committee report, the Committee requested that the NINDS give more favorable consideration to narcolepsy research, but it appears that this has not happened. The Committee would like the Institute to provide a summary of narcolepsy research supported by NINDS, and plans for implementing the Committee's recommendations. The Committee also recommends that the NINDS explore methods of improving their focus on narcolepsy by sponsoring a scientific symposium on this disorder that affects approximately 200,000 Americans.

Neuroimaging and PET

The Committee has provided funds for the NINDS to continue its support of modern brain imaging techniques such as computed tomography [CT], magnetic resonance imaging [MRI], and positron emission tomography [PET] which have greatly expanded neuroscience research by increasing the ability to study both the structure and function of the human brain. Positron emission tomography, magnetic resonance imaging, and computed tomography each contribute a unique body of information about the brain, and have become standard research tools.

PET is used to study the relative level of brain activity in different parts of the brain and with different disease conditions. Using PET, scientists have a greater understanding of Alzheimer's disease, Parkinson's disease, Tourette's syndrome, stroke, and genetic disorders, as well as better knowledge of the usefulness of medications to treat some of these conditions. Scientists are also using PET to study the location of receptors and the presence of neurotransmitters. PET and other imaging techniques have potential for even more applications in the study of drug abuse and the higher cognitive functions such as language, thinking, and memory. Magnetoencephalography [MEG], which is a newer technique, is now used along with electroencephalographic [EEG] recordings to localize more precisely the origin of seizures prior to therapeutic brain surgery.

Stroke

The Committee notes that although the survival rate has increased, stroke continues to be a major cause of disability, and the Nation's third leading cause of death. Funding is provided to continue two clinical trials which are evaluating the efficacy of medical therapy alone versus combined medical therapy and surgical therapy to prevent stroke. Results from these trials will be used in determining treatment for people at risk for stroke.

The stroke rate has been declining in both black and white populations for the last several decades, although the incidence rate continues to be higher in blacks than in whites. In recent years, the rate of decline has slowed in blacks, and the rate of new strokes in whites has begun to increase. The incidence of various types of stroke appears to be different in the two population groups. More community-based stroke epidemiologic projects need to be established to provide a better understanding of the causes for these differences and the recent increase in stroke incidence.

Neuro-AIDS

Approximately 40 to 60 percent of AIDS patients have neurological symptoms (dementia, personality changes, and motor dysfunction) that add to the personal suffering caused by AIDS and the difficulty in caring for AIDS patients. The NINDS is the NIH focal point for intramural and extramural studies to investigate the course of AIDS infection in the central nervous system, and to investigate therapeutic approaches.

Nursing

The Committee was most pleased to learn that a nurse has been appointed to the NINDS Advisory Council and that plans have been developed with the NIH Clinical Center for joint funding of a 9-month program for nurses to receive special training on the care of neurological and neurosurgical patients. NINDS is encouraged to continue these efforts to ensure that professional nursing is actively involved in its programs and further, to work closely with the

National Center for Nursing Research to develop collaborative projects, especially on the care of patients with Alzheimer's disease and stroke, as the Committee recommended last year.

Adrenal grafting

It has come to the Committee's attention that support is not currently being provided for research in the area of adrenal grafting for Parkinson's disease, Huntington's disease, and Alzheimer's disease. The Committee understands that this approach may have significant benefits and urges NINDS to give consideration to supporting such endeavors.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 1989	$742,277,000
Budget estimate, 1990	842,712,000
House allowance	845,523,000
Committee recommendation	847,112,000

The Committee recommends an appropriation of $847,112,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. This is $4,400,000 more than the administration request, $104,835,000 more than the 1989 appropriation, and $1,589,000 more than the House allowance.

The NIAID supports biomedical research and training in order to provide the knowledge and ability to alleviate diseases resulting from disorders of the immune system. The NIAID supports a multifaceted and multidisciplinary approach to eliminating diseases which plague mankind and which kill millions each year and are responsible for millions of dollars in lost productivity and lost opportunities annually.

Lyme disease

The Committee is concerned that Lyme disease is spreading rapidly, with reported cases in 43 States and 21 countries around the world. Later manifestations of the disease are often debilitating, causing considerable suffering for the patient and family. Basic research will be performed on the causative organism, its biology, pathogenesis of the disease, diagnostic antigens, and the host's protective immune response. These studies are designed to yield a candidate vaccine in the near future. The Committee expects $5,000,000 to be available for Lyme disease in fiscal year 1990. The Committee expects that of this total, $3,600,000 and $1,400,000 will be available for NIAID and NIAMSD respectively.

Asthma and allergy

The Committee is pleased that basic research funded by the NIAID has provided the tools needed to possibly control asthma in the near future. The results of NIAID-funded research have provided information concerning the chemicals in the body that lead to the inflammation associated with asthma. This has resulted in new therapies which are improving the long-term treatment of asthma.

Researchers funded by NIAID have purified and characterized several components in pollens which provoke allergic responses. This knowledge can be used therapeutically to blunt the allergic reaction. For example, researchers have been able to develop specific forms of immunotherapy designed to stem the reaction to mountain cedar pollens. The Committee has included the necessary funding to continue research efforts focused on asthma and allergy.

Sexually transmitted diseases

Fiscal year 1990 funding is included to improve methods of prevention, diagnosis, and treatment of a growing number of sexually transmitted diseases that are the focus of current NIAID research. This includes efforts to develop better diagnostic tests and more effective therapeutic drugs, as well as to develop candidate vaccines. Studies of vaginosis and pelvic inflammatory disease will continue to be emphasized, with the aim of identifying risk-factors and possible interventions. In addition, the NIAID will accelerate vaccine development in this area.

Research on results obtained with antivirals in the therapy of sexually transmitted diseases will continue. Therapy that combines two or more antiviral agents offers possibilities of synergistic efficacy, decreased opportunity for the development of viral resistance, and the ability to use toxic drugs at subtoxic concentrations.

The Committee commends the Institute for establishing its first STD research branch. These diseases impair the health of women, the health of infants, and increase the risk of acquisition and transmission of HIV infection. The Committee intends that studies be expanded to determine the role of STD's in the acquisition of HIV, and to determine the effect of HIV infection on the clinical manifestations of other STD's. The Committee encourages the funding of cohort studies of the natural history of pelvic inflammatory disease. The Committee commends the Institute for initiating studies of the natural history of infection due to human papilloma viruses. The ultimate prevention for sexually transmitted diseases will be from the development of safe and effective vaccines, and the Committee encourages the Institute to continue supporting vaccine studies on all sexually transmitted diseases.

Transplantation research

The Committee supports the increasing importance the NIAID has assigned to research on transplantation. There are several diseases for which bone marrow transplantation is the most efficacious treatment. However, the success rate for bone marrow transplantation is only about 50 percent. The application of biotechnology to problems associated with transplantation is being supported by NIAID. NIAID sponsored basic research has provided a greater ability to understand and control the rejection response potential of certain antigens. Efforts to characterize antigens which will potentially lead to improved graft survival will be intensified.

AIDS

The Committee is well pleased with the leadership role the NIAID has played in the research effort focused on AIDS.

Despite success in eliminating numerous devastating diseases, the AIDS epidemic shows how vulnerable we are to infections of the immune system. It has also shown us how vital it is to continue the basic research on the regulatory mechanisms of the immune system. NIAID initiatives include involving community providers in clinical trials to expand access to those previously unable to participate; increasing access to underrepresented groups such as minorities, children, and IV drug users in clinical trials; expanding centers for AIDS research to integrate basic, clinical and applied research; increasing the number of national cooperative drug discovery groups and national cooperative vaccine development groups; and improving communication and information exchange regarding clinical trials and drug development.

One of the highest priorities of the NIAID is the discovery and development of new drugs to treat HIV infection and the opportunistic infections associated with AIDS. Optimism exists for the discovery and development of better and improved therapies for the treatment of AIDS. AZT has been licensed and at least three drugs are in clinical trials.

Clinical trials of AIDS vaccines are another challenge. Last year NIAID began the first human trial of an experimental AIDS vaccine. The trial is continuing in NIAID's intramural laboratory and the vaccine is also being tested in NIAID's six vaccine evaluation units. The vaccine so far has been shown to be safe and immunogenic. More studies will be done to determine the safest dose that will elicit the maximal immune response. Tests on a second vaccine are soon to be initiated.

The lack of an adequate animal model in which to test candidate products has complicated the development of a vaccine or drug. During the past year, two small animal models of the human immune system were developed which may aid our ability to better understand the basic mechanisms of the immune system and potentially speed up the development of an AIDS vaccine or drug.

The Committee has noted in the past concern about the lack of opportunities for physicians and patients to participate in evaluation of anti-HIV agents in many communities. The Committee is pleased that the NIAID has initiated its community programs for clinical research on AIDS in fiscal year 1989, as authorized in Public Law 100-607, and has created a special office to administer these contracts. The Committee has provided the requested funds to continue and expand this program to assist community providers in establishing HIV research programs for their patients. The Committee has also provided the funds requested by the NIAID to expand the geographic reach of its traditional clinical trials program.

The Committee has also expressed concern that the demographic diversity of those getting HIV infection is often not reflected in the demographics of those participating in clinical trials. The Committee has, therefore, provided the administration's request to expand minority access to clinical trials funded by the NIAID. The Committee urges the NIAID to assess the Institute's responsibility to support primary care associated with successful trial participation. In addition, the Committee requests the NIAID to develop with HRSA a plan to coordinate outreach for participation in clinical trials with those HRSA programs already funded to provide HIV-related primary care for minority and low-income individuals, including the community and migrant health centers and the maternal and child health programs.

The Committee is pleased to learn of NIAID's continuing commitment to improve access to clinical trials for hemophilia patients who suffer from AIDS, ARC, or HIV infection. Currently, NIAID funds a placebo controlled trial to evaluate AZT in treatment of HIV in hemophilia patients. The Committee understands that a working group comprised of hemophilia treatment centers' hematologists, NIAID scientists, and national hemophilia organization representatives are developing recommendations for expanding access beyond the AZT study to existing and new clinical trials covering the spectrum of infection from the asymptomatic phase to full-blown AIDS. Within the increases provided for AIDS funding, the Committee urges NIAID to expand over the current level, experimental regimen options for hemophilia patients through the established national hemophilia treatment network.

AIDS behavioral research

The Committee urges expanded attention to the social and behavioral science questions which are naturally part of the NIH AIDS research mission, particularly at NIAID. Incremental additions to existing programs measuring quality of life in treatment research and including more substantial behavioral endpoints in ongoing epidemiology research are examples of ways existing research initiatives could be supplemented. Research assessing social and psychological barriers to accruing new patients into protocols, determining factors for compliance or noncompliance with treatment regimens, and the operation of self-deferral mechanisms for protecting the blood supply are examples of the kind of projects that have not heretofore been funded by the NIH but would significantly enhance the existing program and fall nicely within the parameters of the NIH mission.

The NIAID has established the first phase of an AIDS clinical trials information dissemination contract. This effort, starting with a telephone hotline system to respond to inquiries on clinical trials supported by NIAID, will expand over a 2-year period to a sophisticated computer-based system of information on all NIAID clinical trials with the capability of providing accurate information rapidly.

Vaccine development

The Committee is aware of the crucial role of the development of vaccines in the prevention of many diseases and of NIAID's commitment and leadership role in this area. We have heard from many individuals that major advances in basic research have opened the door for the development of novel approaches to vaccine development, such as recombinant DNA vaccines. In that regard, the Committee hopes that the Institute will place on its list of priorities vaccine development for the following: Lyme disease, because of its increasing incidence and the difficulties in preventing tick bites; pertussis, a common cause of childhood bacterial infections; rotavirus, the most common cause of infantile diarrhea and a leading cause of infant mortality; HTLV I/II, retroviruses which are transmitted through blood and blood products; group B streptococcal infection, a devastating bacterial infection of newborn infants and common cause of mental retardation; and cytomegalovirus, a virus transmitted from mothers to their infants which has been known to cause birth defects.

The Committee is pleased that the NIAID has been responsive to requests that emphasis be placed on accelerating the development of an improved tuberculosis vaccine, and improved diagnostic testing as well. The Committee strongly encourages the National Institute on Allergy and Infections Diseases to dedicate a greater level of resources to this important infectious disorder that affects millions of people worldwide. A better vaccine and faster diagnostic methods to replace the current archaic methods are clearly needed. The Committee encourages NIAID to coordinate these activities with other PHS agencies that are implementing the strategic plan to eliminate tuberculosis.

The Committee has become aware of the infestation of Guam with the brown tree snake. The Committee directs NIAID to work closely with the public health authorities to ensure that the necessary anti-brown snake venom is developed and made available to the residents of Guam in a timely fashion.

Tropical infectious diseases

Events over the past years have demonstrated the importance of strengthening our research efforts in tropical infectious diseases. With the advent of AIDS, drug resistant malaria, and Americans contracting lassa fever in overseas travel, it has become apparent that infectious diseases which originate outside of our borders have an impact within them. In order to protect the health of travelers, diplomats, and Armed Forces, as well as the obvious foreign policy aspects, the Committee believes that it is important to continue to strengthen research and training efforts in the area of tropical diseases.

The Institute is directed to provide the Committee with a report prior to next year's appropriations hearings, by February 1990, on the status of tropical medicine research throughout NIH. This should include such items as funding levels by program over the past 2 years; needs and priorities for future efforts; areas of opportunities; and training requirements to meet the program's priorities.

Chronic fatigue syndrome [CFS]

The Committee is pleased that a major grant has been made by NIAID for research on CFS. The Committee recommends that the NIH expand its intramural and extramural studies to find the true cause(s) of CFS so that the disease can be successfully diagnosed and treated.

The Committee recognizes that the NIAID has initiated successful medical seminars and public meetings on chronic fatigue syndrome and suggests that the NIH increase its support of such activities.

The Committee understands that many patients who believe they have essentially recovered or who are in whole or partial remission from the most severe symptoms of CFS are finding that they have very weak and damaged immune systems are very susceptible to other diseases. The Committee recommends research on understanding and correcting this immune system damage.

The Committee suggests that the NIAID study the establishment of a research center for CFS studies including collecting and analyzing of clinical and laboratory data on patients.

Nursing

The Committee is most pleased to learn that the NIAID AIDS Program has hired a number of individuals with nursing backgrounds and placed them in vital data coordinator, health specialist, and program analyst positions, and that NIAID included nurses on its Minority Ad Hoc Advisory Committee which met in May 1988 to develop recommendations on AIDS activities to the NIAID Director. Further, the Committee strongly supports the efforts of NIAID to involve professional nurses in its research, education, and policy planning activities. Finally, the Committee is very pleased that NIAID is collaborating with the National Center for Nursing Research to plan an intramural program that will provide nurse scientists who are studying nursing care of AIDS patients the opportunity to work on a team with NIAID scientists in the NIH Clinical Center. The Committee urges NIAID to continue its efforts to involve nurse researchers in its activities and programs.

Immunology research

The Committee has heard from numerous witnesses regarding the role of the immune system and the need for further research in HIV infection, cancer, immunologically based diseases transplantation, viral, and bacterial infections. In essence, knowledge of the immune system is the key which will open many avenues of future research and eventually provide us with the necessary information to develop effective therapeutics and cures for many immunologically based diseases. With this fact in mind, the Committee expects the NIAID to continue to strengthen its basic research programs in immunology.

The Committee recognizes the increasing role of the environment on diseases such as allergies and asthma. The mechanisms by which such environmental exposure leads to acute and chronic inflammation are being deciphered at an increasingly rapid rate with the promise of new therapeutic modalities. The Committee is, therefore, interested in the NIAID conducting further research in this important area.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 1989	$682,233,000
Budget estimate, 1990	782,249,000
House allowance	754,639,000
Committee recommendation	752,939,000

The Committee recommends an appropriation of $752,939,000 for the National Institute of General Medical Sciences [NIGMS]. This is $29,310,000 less than the administration request, $70,706,000 more than the 1989 appropriation, and $1,700,000 less than the House allowance.

The NIGMS funds the basic undifferentiated research and the multidisciplinary research training that are the essential foundation for the Nation's biomedical research enterprise. Knowledge gained through NIGMS-supported research expands our understanding of the fundamental cellular, molecular, and genetic structures and life processes that underlie human health.

Genetics

The level of funding recommended by the Committee supports continuation of the NIGMS Genetics Program. This program supports research aimed at discovering both the nature of the genetic code itself and the precise processes involved in translating the genetic messages either into directions shaping growth and development, or into the specifications for particular proteins. Studies supported by this program are broad ranging. For example, some efforts are aimed at determining how the newly described organelles inside each cell's nucleus selectively cut out portions of the intermediate genetic messenger molecules so as to produce varying genetic templates specifying different proteins. Other NIGMS grantees are studying the mechanisms that may account for genetic defects that result in specific diseases. These studies may involve tracing the patterns of inheritance of specific regions of DNA, examining mutations that appear to give rise to certain diseases or developmental defects, or investigating how the genes that code for the proper organization of tissues and body parts are turned on or off. As part of their studies, grantees frequently develop new research techniques with broad applicability. A recent important instance of this was the invention of a new method to pinpoint the locations of small bits of genetic material using a combination of confocal microscopy, laser beam scanning, and fluorescent dyes. This technique was used to confirm and home in on the location of the Huntington's disease gene on the tip of the short arm of chromosome 4 and has direct applicability to efforts to expedite the mapping of the human genome.

Human genome initiative

In the past 2 years the NIGMS has had responsibility for planning and administering the early stages of a project to systematically map and sequence the entire human genome.

The Committee has provided $61,847,000 for this effort, an increase of $33,847,000, or 121 percent, over last year's level. While this is $38,153,000 less than the administration's request, the Committee understands that this is the level of funding requested by NIH for this project. The Committee is concerned that this is a significant and rapidly growing project and urges that NIH management insure that it be well managed in order to help insure a successful result.

The Committee understands that NIH has proposed to transfer responsibility for directing this rapidly growing project to a new National Center for Human Genome Research, the creation of which is currently awaiting departmental approval. The Committee intends to await a request and recommendation on this matter before taking action to transfer this program out of the NIGMS.

In 1990 this project will broaden its mechanisms of support to include research centers and research training. These expansions of effort should facilitate progress in identifying the precise chromosomal location of each of the estimated 50,000 to 100,000 human genes and in determining the order or sequence of the 3 billion nucleic acid subunits that comprise the chemical building blocks of the human genome. The information delineating the genetic map and nucleic acid sequence structure of the human genome that this project generates promises to be a valuable tool for scientists working to determine the underlying genetic component of thousands of diseases.

Cellular and molecular basis of disease

The level of funding recommended by the Committee will permit NIGMS to continue its research on how cells and their constituent molecules work. Findings from such basic research will yield knowledge that can be used to attack most diseases. Illustrative of this is the increasing research attention being paid to a class of proteins known as heat shock proteins. When exposed to various stresses in their environment, such as severe heat, cells increase the synthesis of these proteins. Research is now uncovering why this phenomenon occurs: these heat shock proteins brace the cells' internal structures against disintegration. This response, designed to protect the integrity and, in fact, the survival of cells, appears to play a role in, among other processes, limiting the damage associated with trauma, such as burn injury, and in facilitating the healing process.

Pharmacological sciences

The Committee recommends continuation of the NIGMS Pharmacological Sciences Program which conducts research in three related areas: pharmacology, anesthesiology, and bio-related chemistry. The goals of this research are to advance our understanding of the basic mechanisms of drug action at the cellular and molecular levels and to design more specific and effective therapeutic agents. At times the search for better drugs leads research scientists to investigate the potentially therapeutic properties of natural substances. A current example of this is a grantee's recent success at making a pure synthetic version of gingkolide B, a natural extract from the leaves of the ginkgo tree that the Chinese have, for centuries, used to treat a variety of ailments. Now scientists are testing the gingkolide's effectiveness in promoting tissue and organ transplantation and in treating allergic inflammatory disorders such as asthma. Other scientists are exploring the applicability of the novel methods used to synthesize gingkolide B to the problems of producing large quantities of the other chemicals with therapeutic potential.

Biophysics and physiological sciences

The Committee recommendation continues funding support for research in the field of structural biology. In recent years it has become clear that examinations of the detailed structures and shapes of nucleic acids and proteins will shed important light on both the normal and the abnormal functioning of these molecules. Methods to do such structural studies are being improved at an impressive pace. For example, a new technique for taking rapid fire x-ray diffraction pictures of molecules—1 million times more rapidly than was previously possible—should make it possible to view molecules as they alter their shapes during the performance of their varied biological functions. Another recent achievement was the use of a scanning tunneling electron microscope to visualize a DNA molecule not only directly, but also at a useful level of resolution. These and other techniques, such as nuclear magnetic resonance imaging, should greatly facilitate studies of biologically significant macromolecules. Studies using some of these techniques are proceeding on proteins involved with the infectivity of the AIDS virus.

Research training

The Committee stresses the importance of research training to the long-term viability of American biomedical research and has provided an additional $7,153,000 over the level requested to permit NIGMS to support in fiscal year 1990 approximately the same level of trainees as were supported in fiscal year 1988. The broad multidisciplinary training programs in modern basic biology and related fields that the Institute emphasizes prepare a major portion of the scientists performing research funded by the National Institutes of Health. In addition, the Institute supports some research training programs that address special needs. These include: (1) the Medical Scientist Training Program, aimed at rectifying the shortage of well-prepared clinical researchers; (2) the Minority Access to Research Careers Program, aimed at increasing the number and capability of minority scientists engaged in biomedical research; and (3) training in molecular biophysics, aimed at preparing more scientists equipped to perform structural biology and related studies in research on AIDS.

In 1989, the NIGMS established a new research training program in biotechnology. This program will address the growing need—in academia, Federal laboratories, and the growing biotechnology industry—for personnel trained in applying the methods and approaches of engineering, mathematics, chemistry, and physical science to biological problems. Such skilled personnel will be a vital link between advances in fundamental research and their application in medicine and the marketplace. The Committee has added $2,830,000 to the biotechnology training program to bring the number to be trained in fiscal year 1990 to 250. The Committee expects future requests for this program to increase so that in the 5-year period NIGMS provides support for 1,500 trainees each year.

The Committee strongly urges NIGMS to utilize nursing knowledge and expertise by systematically ensuring that professional nurses are involved in its activities and programs.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 1989	$425,532,000
Budget estimate, 1990	444,193,000
House allowance	448,493,000
Committee recommendation	450,593,000

The Committee recommends an appropriation of $450,593,000 for the National Institute of Child Health and Human Development [NICHD]. This is $6,400,000 more than the administration request, $25,061,000 more than the 1989 appropriation, and $2,100,000 more than the House allowance.

The NICHD conducts and supports research and research training in the areas of maternal and child health and the population sciences. In maternal and child health, these problems include mental retardation, birth defects, low birth weight and premature infants, pediatric and maternal AIDS, learning disabilities, high-risk pregnancy, and prevention of childhood accidents and injuries. In the area of population sciences, research is directed toward developing more effective and safer methods of contraception, evaluating the safety and effectiveness of currently used methods, devising strategies to help reduce the number of teenage pregnancies, and investigating at the molecular and genetic level the mechanisms of human reproductive biology.

Contraceptive development

The Committee has included funding to permit NICHD to continue research in contraceptive development. An important accomplishment this past year was the development of an immunocontraceptive vaccine by an NICHD grantee. This vaccine was successful in inducing 100-percent effective contraception in both male and female guinea pigs. This vaccine is based on inducing antibodies to a protein found only on sperm; the host animal's own immune system thus prevents pregnancy. This is an early step toward developing a comparable immunocontraceptive for humans. Such a vaccine would be safe, effective, inexpensive, reversible, convenient, and acceptable to a wide range of people.

Such a vaccine would not only be an important step forward in contraceptive technology but would also be an important tool to have available in combating this Nation's high rate of unplanned pregnancies. Babies born as a result of an unplanned, unwanted pregnancy are more apt to be born low birth weight or premature, thus greatly increasing their chances of dying before their first birthday.

Fertility research

The Committee continues to be interested in the ongoing efforts relating to fertility research in the Institute's centers program. Further, the Committee directs that continued emphasis in this important area of research will be a priority of the Institute in the coming year.

Preventing infant mortality

The Committee recommendation includes funds to aid further progress in our fight against infant mortality. To further this goal, the NICHD has established two networks: a network of neonatal intensive care units and a maternal-fetal medicine network. The purpose of these networks is to more rapidly develop, evaluate, and introduce into clinical practice new techniques and procedures to prevent or treat complications of pregnancy and to save the lives of sick, premature, or low birth weight newborns.

Improved methods of family planning are only one approach the NICHD is using to prevent infant mortality. Preventing infant mortality has been a major goal of the Institute since its inception in 1962. Since that time, the infant mortality rate in the United States has been cut in half.

The Committee urges NICHD to give priority under its existing centers program to exploring the feasibility of monitoring women at high risk in order to lower our Nation's infant mortality statistics. The Committee further feels that this would be an excellent example of a program that should be supported across Institutes, such as by the NICHD and the National Center for Nursing Research.

Sudden infant death syndrome [SIDS]

Recognizing that sudden infant death syndrome [SIDS] still claims the lives of many infants under the age of 1 year, the NICHD, with the assistance of a panel of experts, this past year developed a comprehensive 5-year research plan to attack the problem of SIDS. This report was submitted to the Congress earlier this year. The Committee expects that approximately $38,500,000 will be spent in fiscal year 1990 to further SIDS research programs including controlled studies of the use of monitoring on specific at-risk populations. This funding is adequate to initiate and fund the first year of the comprehensive 5-year plan on SIDS. Of this amount, an estimated $5,200,000 would be spent on research specifically related to SIDS and $33,300,000 on research generally related.

Childhood injury prevention

The Committee's recommended funding will permit the NICHD to continue supporting a range of research projects designed to identify factors in the home, in school, and in play settings and interpersonal relationships that make childhood accidents more likely to happen.

Learning disabilities

As many as 15 percent of American school-age children are affected by some type of learning disability. NICHD's leadership in this field is reflected in the report, "Learning Disabilities: A Report to the U.S. Congress." This report and its companion volume, "Learning Disabilities: Proceedings of the National Conference," have helped guide the development of research initiatives in this area. The NICHD plans to support the establishment of several multidisciplinary centers for the study of learning disabilities.

Vaccine development

Fiscal year 1990 funding will permit continued development of new vaccines for pertussis, *Hemophilus influenzae*, and typhoid. Each of these vaccines is now in a stage of human testing, and the results from each are promising.

AIDS

The Committee is greatly concerned that additional progress be made in the area of maternal and pediatric AIDS. A significant portion of the NICHD program is focused on prevention. NICHD investigators have been studying the effectiveness of condoms and condoms plus spermicides in preventing the spread of the AIDS virus. The results from these studies indicate that the current supply of condoms on the U.S. market is of high quality and should provide a substantial degree of protection from HIV and other sexually transmitted diseases.

The NICHD has started a major clinical trial to study the effectiveness of intravenous gamma globulin in the treatment of children ill with HIV infection. The purpose of this trial is to see if IV gamma globulin will reduce the rate of life-threatening infections these children experience or slow the progression of the disease.

The Committee is pleased with the efforts of the NICHD to ensure that professional nurses are actively involved in the programs of NICHD, particularly its collaborative efforts with the National Center for Nursing Research. NICHD is strongly urged to continue its efforts to ensure that professional nurses are actively involved in its activities and programs.

Child health research centers

The Committee recognizes the need to improve the health and quality of life of our Nation's children and the important contribution that medical research can make in this effort. Rapid strides in scientific and medical expertise have demonstrated the potential impact that research can have in reducing infant mortality and preventing lifetime impairments which are such a critical problem for children in this country. They have also shown the dramatic possibilities for the prevention and treatment of birth defects and illnesses affecting children around the world.

Until now, there have only been a few medical centers equipped to seize the opportunities that lie in research and apply them directly to the needs of children. The Committee recognizes the need to build this capacity and to increase funding for research which specifically considers children. In response, the Committee is adding $2,000,000 to the center grant appropriation for the National Institute of Child Health and Human Development for the purpose of establishing a center grant program to encourage the growth of centers for child health research.

The Committee intends that these center grants be awarded to academic/clinical medical institutions whose primary mission is the care of children and which serve as the major teaching resource for an associated academic pediatric department. This coordinated effort will ensure that an essential bridge is built between research and clinical application. The purpose of the program is intended to build such centers which have a demonstrated foundation and commitment to research and the capacity for growth and excellence. Through this mechanism, support will not only be provided for essential pediatric research, but grantees will enhance their ability to compete for other funding and attract private support as well.

The Committee also understands that Bush Centers, previously funded privately, are losing their funding source. The Committee encourages the NICHD to explore the possibility of funding these centers within available resources and by using increased funding provided by the Committee.

Mental retardation centers

The Committee has provided funding to continue funding 12 mental retardation centers. These centers should exist in an interdisciplinary environment where major facilities for the medical care of handicapped children are linked with various university departments with basic science and clinical laboratories performing research in developmental disabilities. The Committee is aware, however, that two existing centers—one in Illinois and one in California—recently failed in competition to be renewed. These two centers competed very strongly and it is the Committee's view that they should be continued, if possible, with available funds. The Committee believes that adequate funding is available, both within the base and from increases provided, to continue these two centers.

Learning disabilities

The learning disabilities initiative of NICHD, now in its second year, is designed to implement the research recommendations of a report to Congress issued by the Interagency Committee on Learning Disabilities. Last year, the Committee included an appropriation of $1,500,000 for the establishment of two of the three planned learning disabilities research centers. An additional $750,000 appropriation is provided in order to establish a third research center. The research to be undertaken by the center on the diagnosis, treatment, and prevention of specific learning disabilities, which afflict an estimated 20 million Americans, will be of tremendous long-term value.

Infant day care

Infant day care is one of the most important policy issues for the future of our children and families. Parents of both genders are entering the work force in increasing numbers and that trend is expected to continue into the next century. It is extremely important to learn more about what kinds of care environments are physically and emotionally for babies and what types of care may be harmful. The consortium of studies on infant day care sponsored by the NICHD has real potential to answer some difficult and important social questions. Therefore, the Committee urges the NICHD to pursue the full range of projects within the consortium of studies on infant day care.

Sexually transmitted diseases

The Committee is deeply concerned about the impact of sexually transmitted infections on women and their babies. During 1988, a WHO working group on maternal and neonatal morbidity identified five priority areas as the most cost-effective interventions; three of these five areas concerned sexually transmitted diseases. Many other important perinatal STD's require much more active research. The Committee continues to urge NICHD to increase its research priorities and efforts in this important area. Of particular concern is the impact of STD's on fertility in this Nation. The Committee also intends that the Institute increase its research on the effectiveness of contraceptive methods in the prevention of STD's. The Committee requests that the Institute provide a report on its funding commitments to STD research areas by January 15, 1990.

NATIONAL EYE INSTITUTE

Appropriations, 1989	$231,292,000
Budget estimate, 1990	239,474,000
House allowance	240,636,000
Committee recommendation	241,774,000

The Committee recommends an appropriation of $241,774,000, for the National Eye Institute [NEI]. This is $2,300,000 more than the administration request, $10,482,000 more than the 1989 appropriation, and $1,138,000 more than the House allowance.

The NEI was established to conduct and support research on eye diseases and blindness. Although such research has yielded advances that have improved the health and quality of life of thousands of people, many serious eye problems remain that in the aggregate pose an enormous burden in suffering and economic loss to our Nation. The Committee is aware of progress being made in low-vision research and encourages NEI to continue and expand its efforts in this regard.

Retinoblastoma

The Committee has included funding to continue research efforts on the retinoblastoma gene and its linkage of malignant tumors of the eye. Scientists have been able to grow cells from the retinoblastoma tumor in tissue culture, insert the cancer suppressor gene using recombinant DNA technology, and convert the cancerous cells into more normally growing ones. As the absence of this gene is also associated with breast cancer, bone cancer, and small cell cancer of the lung, the NEI findings may one day lead to the development of gene therapy for a variety of malignant tumors.

Retinal transplantation

The Committee urges continued research into the use of retinal transplantations to reverse degenerative eye disease. The successful transplantation of normal newborn rat retinal cells into diseased adult retinal cells has occurred. The transplanted cells survived and grew, thus stopping the degenerative process. This type of transplantation could be a very important tool in arresting the progression of degenerative eye diseases such as macular degeneration and retinitis pigmentosa, and may be helpful in other degenerative diseases of the central nervous system as well.

Diabetic retinopathy

The Committee urges high priority be given to prevention of diabetic retinopathy and treatment of those already afflicted. Through NEI research, the enzyme aldose reductase has been implicated in the development of ocular and other diabetic complications. The Institute is supporting animal and human trials to test the effectiveness of an aldose reductase inhibitor—sorbinil—in reversing early diabetic changes in the retina.

AIDS

The Committee notes that ocular complications eventually occur in approximately 65 percent of AIDS cases and frequently result in blindness. The Committee is, therefore, pleased that NEI scientists are evaluating investigational drugs, such as ganciclovir and foscarnet, for treatment of cytomegalovirus [CMV] retinitis. It is hoped that foscarnet will significantly delay the progression of CMV retinitis, while not adversely interacting with AZT. The NEI also plans to launch a large-scale natural history study that will map the course of and identify factors responsible for ocular complications in AIDS patients.

National Eye Health Educational Program

The Committee is looking forward to full implementation of the National Eye Health Education Program [NEHEP] and encourages the Institute to expand the scientific knowledge for health promotion activities in glaucoma and diabetic retinopathy. Plans to support two clinical trials are a high priority. One study will evaluate when and how best to treat glaucoma in blacks; the other will compare medical treatment to surgical treatment to see which offers a better outcome, including improved quality of life. Up to $2,000,000 has been added for these studies.

The Committee feels strongly that blindness from both glaucoma and diabetic retinopathy can be greatly reduced in this Nation with an effective education and prevention program. Glaucoma is the leading disease causing blindness and is clearly preventable.

The Committee strongly urges NEI to utilize nursing knowledge and expertise by systematically ensuring that professional nurses are involved in its programs and activities.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 1989	$223,695,000
Budget estimate, 1990	230,848,000
House allowance	232,479,000
Committee recommendation	234,048,000

The Committee recommends an appropriation of $234,048,000 for the National Institute of Environmental Health Sciences [NIEHS]. This is $3,200,000 more than the administration request, $10,353,000 more than the 1989 appropriation, and $1,569,000 more than the House allowance.

The NIEHS conducts and supports research to identify agents in the environment that can pose a potential hazard to human health and to learn how these agents act.

New initiatives

The Committee is concerned that ozone depletion in the upper atmosphere and global warming are alarming international environmental problems which carry with them new threats to public health and, therefore, directs NIEHS to establish new initiatives in these areas. The NIEHS will convene a conference in which environmental scientists will work with experts in atmospheric chemistry and meteorology to assess needs for basic environmental health research. The NIEHS found that two proposed chemical substitutes for chlorofluorocarbons, compounds implicated as causes of global warming, are carcinogenic. As a result, the manufacturer decided not to go forward with production. Chemicals used in agriculture pose unique risks to farmworkers and their families, food industry employees, and consumers. While the health effects of agricultural chemicals have been studied, a central focus for interdisciplinary research which combines the expertise of soil and food scientists, engineers, hydrogeologists, analytic chemists with toxicologists and biomedical researchers could be a unique, innovative, and efficient approach to this national environmental health concern.

Continuing research efforts

The Committee has included funding to continue the research program which includes development of techniques to differentiate between environmentally caused illness and other causes of chronic disease. Studies have been initiated in Connecticut, New Jersey, and Utah to distinguish between the risks of lung cancer from radon gas and cigarette smoke in homes in order to define the real risk from radon. Additional results from studies of the adverse health effects of lead exposure in pregnancy and early childhood are being used by CDC, EPA, and HUD in renewed efforts to identify, prevent, and treat lead poisoning and to remove lead from homes. Research results in the environmental health sciences do not always give cause for alarm. Last year, as in earlier years, no evidence of cancer or other harm was found in toxicologic studies of common chemicals to which nearly all of us are exposed, including the yellow paint of pencils, the antibiotics ampicillin and tetracycline, and vitamin C. In another development, the common white rot fungus which grows naturally on wood has been found to detoxify several highly toxic man-made chemicals. The finding will aid in the search for methods of safe disposal of hazardous wastes.

The NIEHS will continue studies on such hazards as ozone, acid aerosols, chemically polluted ground water, and heavy metals, particularly lead, mercury, and cadmium. This long-term research is an invaluable source of information used by physicians and public health officials to protect inner city children, farm families across the United States, victims of disabling illness such as asthma, and workers in industries vital to the American economy.

Agricultural chemicals

NIEHS/NIH is directed to initiate a comprehensive research program to address all aspects of toxicity of agricultural chemicals, including synthetic and naturally occurring chemicals and their environmental metabolites. This program should include assessment of carcinogenicity, mutagenicity, neurotoxicity, and assessment of reproductive toxicity. NIEHS is also directed to coordinated a Federal research initiative on agricultural chemical toxicity through the National Toxicology Program, through its extramural grants and contracts program, and through the development of a university-based research center or contract to conduct research in the national interest on the toxicity of agricultural chemicals.

The need for this research initiative is now clear. America's agricultural economy is heavily dependent upon the proper use of agricultural chemicals which increase productivity and the quality of agricultural crops. There is, however, now recognized to be an acute need for more adequate research to document the potential toxic effects and risks to those applying these chemicals, on the potential health effects from contamination of ground water with these chemicals and from contamination of agricultural produce with trace quantities of synthetic or naturally occurring—such as aflotoxin—chemicals.

It is recognized that the Center for Health Effects of Environmental Contamination at the University of Iowa is exceptionally well qualified to conduct research in this area. This universitywide center brings together a group of nationally and internationally recognized investigators conducting cancer and birth defect epidemiology through the State of Iowa Health Registry, the extensive experience of the Institute of Agricultural Medicine and Occupational Health in assessing agricultural chemical exposures and toxicity, clinical and basic science departments with expertise in carcinogenicity, mutagenicity, and reproductive toxicity, and the Department of Civil and Environmental Engineering with expertise in modeling and remediation techniques for environmental contaminants.

The Committee has added $1,500,000 for research in this area.

NIEHS facilities

The Committee is well aware of the need for NIEHS to begin efforts to obtain a new facility to house its intramural activities. In view of the expiring lease on current facilities and the disinterest and unwillingness to extend the lease, NIH management needs to address this issue carefully in time for a full presentation and budget request for the fiscal year 1991 hearings.

NATIONAL INSTITUTE ON AGING

Appropriations, 1989	$222,845,000
Budget estimate, 1990	230,490,000
House allowance	241,528,000
Committee recommendation	245,490,000

The Committee recommends an appropriation of $245,490,000 for the National Institute on Aging [NIA]. This is $15,000,000 more than the administration request, $22,645,000 more than the 1989 appropriation, and $3,962,000 more than the House allowance.

The NIA conducts and supports research and research training for the biomedical, behavioral, and social aspects of aging; utilizing public information and education programs to disseminate health information and advance knowledge of aging processes, diseases, problems, and needs of older people.

Alzheimer's disease

The tragedy of Alzheimer's disease [AD] is one of growing proportion with potentially devastating public health consequences. The Committee is, therefore, encouraged that research on Alzheimer's disease [AD] continues to be a high priority of the NIA. Advances made in the understanding of AD are pointing to new possibilities for prevention, better diagnosis, and treatment. Evidence now indicates that nerve growth factors can correct damaged brain function in experimental animals, offering real prospect for preventing the degeneration of brain cells and improving cognitive function.

Exciting new research findings have begun to link the changes seen in the brain cells of Alzheimer's patients to the presence of toxins or infectious agents. NIA research has also provided a better understanding of possible causes of the changes in the brain proteins involved in this disease, and improved AD diagnosis. Preliminary results will soon be available from the ongoing, 17-center, double-blind clinical trial of tetrahydroaminoacridine [THA]. Ten to fifteen additional drugs may warrant similar testing.

The Alzheimer's Disease Education and Referral Center will be operating this summer to gather, maintain, and disseminate information on AD research and services. Other AD initiatives include a coordinated effort to support research on relieving the caregiver's burdens, and the development of a tissue bank center. All of these issues are consistent with, and strongly recommended by, the just-issued report of the congressionally established National Advisory Panel on Alzheimer's Disease.

The Committee feels that because of the high incidence of Alzheimer's and with the aging trends of the American population all but guaranteeing that the problem will increase in magnitude, additional research is urgently needed.

The Committee, therefore, has added $12,009,000 for additional Alzheimer's research to be distributed as follows: $6,000,000 to pursue leads in the cause of Alzheimer's; $2,000,000 to develop better diagnostic techniques; $1,000,000 for testing new treatment and management methods; and $3,000,000 to establish satellite Alzheimer's disease research centers.

The Committee is pleased that the ADRC's are contributing to the clinical and research base on Alzheimer's disease. Each center now has the potential for being a valuable resource for its region by offering consultation on diagnosis, treatment, training, and education. Without diluting the centers' research efforts, the Committee recommends $3,000,000 to support satellite operations in areas not directly served by a center, such as communities in Iowa. Satellite facilities expected to work in close cooperation with voluntary organizations serving Alzheimer patients and their families.

The Committee also is supportive of projects which serve as catalysts for collaboration between scientists, service providers, and affected individuals and families. Of particular interest are statewide collaborative models which link information dissemination and education for professionals and families data gathering and analysis, autopsy network development and tissue study coordination, and clinical outreach. The Institute is encouraged to incorporate such core projects within the additional funds available for Alzheimer's research.

The following table provides a display of Department of HHS resources devoted to Alzheimer's research:

ALZHEIMER'S DISEASE

	1988	1989 estimate	1990 estimate	1990 Committee recommended
NIH	$70,307,000	$105,381,000	$108,966,000	$120,966,000
CDC	103,573	154,546	154,548	154,548
ADAMHA	14,031,000	16,500,000	17,100,000	17,100,000
HCFA	77,904	4,200,000	12,200,000	12,200,000
OHD, ADA	1,899,874	600,000	600,000	600,000

ALZHEIMER'S DISEASE—Continued

	1988	1989 estimate	1990 estimate	1990 Committee recommended
Total, HHS	86,419,351	126,835,546	139,020,548	151,020,548

Understanding aging

The Committee's funding recommendation will permit further progress in understanding the processes of aging itself, NIA supported scientists have recently identified so-called senescent proteins which limit the growth of living cells. These proteins may also inhibit oncogenes, which, when not inhibited, lead to cancer. These findings, as well as the continuing clinical challenges of cancers in older persons, led the NIA, in conjunction with the National Cancer Institute, to develop a research initiative in the field of cancer and aging.

The Committee is very pleased with the continued development of neurochemical measurement technology that provides significant improvements in sensitivity and selectivity over other available techniques. Instrumentation that can measure and resolve hundreds of brain chemicals (neurotransmitters) in one measurement may be useful in evaluating specific profiles of neurochemical markers that are unique to a specific neurological disorder such as Alzheimer's or Parkinson's disease. Several projects are being supported by the NIH, and the Committee encourages this continued activity.

Long-term care

Fiscal year 1990 funding will permit continued research on the interactions between formal and informal health care, active and dependent life expectancy, and the effect of changes in the family on intergenerational relationship and support capabilities. Interventions to reduce the need for long-term care, especially in the areas of frailty, falls, and fractures, remain a priority area of the NIA. In research aimed at decreasing frailty and maintaining independence, recent studies prove that the usual loss of bone mass after menopause in women can be minimized by regular exercise. Another recent finding indicates that, even in frail, 90-year-old persons, a muscle-strengthening program can increase muscle mass and strength. A major opportunity exists, in relation to the prescription drug reimbursement provision of the Medicare Catastrophic Insurance Act, for NIA to undertake careful collaborative studies of both the effectiveness and risks of adverse reactions to drugs in the older population.

Rural health populations centers

The Committee is strongly supportive of increasing research on older rural people. Two of NIA's established populations for the epidemiologic study of the elderly are continuing to provide longitudinal data and information on rural population areas. Recently, the panel considering the feasibility and guidelines for rural health centers recommended the NIA establish three to four centers, focusing on the diversity of the biomedical, cultural, and social features inherent in rural areas of the United States.

The Center for Studies of Older Rural Populations will establish and conduct multidisciplinary research in such areas as: (1) the chemical effects on physiological processes and work environments; (2) social institutions such as the family, church, and social networks; (3) health care and other service delivery systems; and (4) the biological and psychosocial aging processes that impact on the health and well-being of older rural persons.

The Center will require the participation of scientists from a wide range of biomedical, behavioral, and social sciences and access to samples of older rural residents. The Center will stimulate research beyond their own confines by serving as regional resources where, for example scientific and methodological consultation and access to study populations can be obtained.

The Center will provide an important setting for understanding the complexities of the health conditions of older rural populations.

Funding has been included to establish one such center in fiscal year 1990.

International and cross-cultural studies

The Committee's funding recommendation supports international and cross-cultural studies that offer opportunities for exploring the relative effects of genetic, environmental, and cultural factors on aging processes and the diseases of aging. Recent evidence suggests that AD and vascular dementia vary between populations in Japan and the United States, and that AD is less common in Africans, age for age, than in Caucasians. The NIA, in conjunction with the World Health Organization, continues the development of comparative studies around the world, in such priority areas as dementia, immunological function changes with aging, osteoporosis, and general health and well-being.

The Committee continues to be very supportive of collaborative efforts by the NIA and the Agency for International Development [AID] to address the ever growing health problems of the aged throughout the world. The Committee understands, for example, that in Japan, gerontology experts predict that their total medical care expenditure is likely to increase by 60 percent between now and the year 2025, due largely to the aging of their population. Similarly, the elderly population of Singapore is expected to increase from the present 7.2 percent of the population, to 27.9 percent by the year 2030. Accordingly, the Committee again urges NIA to develop collaborative projects with AID, and further, also continues to be most supportive of NIA's efforts to establish a Pacific basin and Southeast Asia international gerontology focus in Hawaii.

Geriatric research training

The Committee continues to stress the importance of training more academic leaders and educators in all aspects of aging research and geriatrics through such mechanisms as the newly initiated geriatric research and training centers [GRTC]. NIA expects to fund at least one GRTC in fiscal year 1989. Funding has been included to fund one additional center in fiscal year 1990.

Behavioral and social science research

In order to assist people in continuing whatever lifestyle they want, including the opportunity to continue working, the Committee urges within available funding renewing the longitudinal health and retirement history survey to have better knowledge and information on the impact of health and retirement practices of older people.

Cardiovascular aging research

Cardiovascular diseases and stroke remain the largest killer of older Americans. Heart attack and stroke affect about 20,000,000 Americans between the ages of 65 and 80. The number of deaths from cardiovascular disease rises significantly with increasing age, as do the incidence and prevalence of cardiovascular disease and stroke. The Committee believes that additional cardiovascular aging research and more research on basic biological age-related changes are important. Two important studies in this area—the relationship between disease processes of atherosclerosis and aging, and aging and the cardiovascular system as well as the development of a laboratory of vascular studies are important initiatives that should be initiated with available funds at the earliest possible time.

The Committee again urges NIA to support pre- and post-doctoral research fellowship awards for qualified nurses. The Committee is pleased to learn of NIA's coordinated efforts with the National Center for Nursing Research, the National Institute of Mental Health, and the National Center for Health Services Research to establish a vigorous research and training initiative on the subject of caregiver burdens related to care of family members with Alzheimer's disease and other dementias, and how these burdens may be eased. Further, the Committee strongly recommends the continuation of the Teaching Nursing Home Program, which links nursing and medical schools to nursing homes. NIA is urged to continue to utilize nursing knowledge and expertise in its activities and programs.

Health and retirement survey

The Committee recognizes that the social, health, and economic implications of our rapidly aging population require adequate information related to retirement. Data available is now 20 years old and does not reflect major changes in the Social Security and pension systems and the participation of women in the labor force, and changes in health and longevity. The Committee thinks the National Institute on Aging's proposed new national multiyear health and retirement survey is important and expects the increased appropriations will fund the $500,000 necessary for the first phase of this effort.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 1989	$160,015,000
Budget estimate, 1990	168,588,000
House allowance	171,673,000
Committee recommendation	171,688,000

The Committee recommends an appropriation of $171,688,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. This is $3,100,000 more than the administration request, $11,673,000 more than the 1989 appropriation, and $15,000 more than the House allowance.

The NIAMS conducts and supports both basic and clinical research and research training on over 100 forms of arthritis, diseases of the musculoskeletal system, and numerous diseases of the skin, as well as research on the normal structure and function of muscles, joints, bones, and skin.

The Committee expects up to $5,000,000 within available funds to be devoted to research into the infectious cause and other causes of rheumatoid arthritis and other rheumatic diseases such as juvenile arthritis, Sjogrens syndrome, scleroderma, and systemic lupus erythematosus.

Lyme disease

The Committee expects that $5,000,000 will be spent on Lyme disease in fiscal year 1990 including funding at NIAMS and NIAID. At NIAMS fiscal year 1990 funding for Lyme disease should total $1,400,000.

Lyme disease, a tick-borne disease that causes skin rash, arthritis, meningitis, and heart disease, is increasing rapidly in many parts of the country. A recent scientific workshop, cosponsored by NIAMS and NIAID, generated recommendations for research on the diagnosis, causal mechanisms, treatment, epidemiology, and prevention of Lyme disease.

Rheumatoid arthritis

Infectious agents may trigger rheumatoid arthritis and other rheumatic diseases in people who have a genetic susceptibility to arthritis. The NIAMS is encouraging additional research in this area. New approaches to investigating changes in the immune and the nervous systems in rheumatoid arthritis are also being explored.

The Committee is pleased with the NIAMS request for proposals from the medical community concerning clinical centers for an assessment of the efficacy of minocycline in the treatment of rheumatoid arthritis at multiple sites over a 5-year time period. The Committee is very interested in seeing the results of intravenous antibiotics as well as oral antibiotics. The Committee is especially interested in seeing 5 year results.

The Committee is aware that the mycoplasma organism has been suggested as the infectious agent responsible for rheumatic diseases in humans. The Committee recommends that the NIAMS support research to determine the role of mycoplasma in humans in triggering rheumatoid arthritis and other rheumatic diseases such as juvenile arthritis, sjogrens syndrome, scleroderma, and systemic lupus erythematosus.

Osteoporosis

The Committee's funding recommendation supports continued research on osteoporosis, the leading cause of bone fractures in both postmenopausal women and the elderly. Several important advances were reported in osteoporosis research. A new technology for measuring bone density, known as DEXA, is faster, more accurate, and less expensive. Estrogen replacement therapy prevents the accelerated loss of bone and resultant bone fracture. A new marker for bone turnover that may allow noninvasive evaluation of the metabolic status of bone has been identified.

The Committee directs the Department of Health and Human Services to undertake a detailed review of the programs, and the dollars spent on those programs of research, public and professional education, and health promotion aimed at reducing the prevalence of osteoporosis. The Committee directs the Department to provide to it, not later than June 30, 1990, a report detailing its findings. The report should include a listing of specific osteoporosis projects in health promotion, public and professional education, and research, with a dollar amount spent for each, and should make recommendations for future directions in the Department's work on osteoporosis.

Low back pain

The Committee notes that low back pain is the leading cause of limitation of activity in adults, 17 to 45 years of age. Recently, researchers determined that degenerative biochemical changes in the discs occur in young adults, which may explain the disc disorders that cause many cases of low back pain. A scientific workshop this past year assessed progress in low back pain research and developed 63 recommendations for future research.

Systemic lupus erythematosus

Research efforts will continue with fiscal year 1990 funding on systemic lupus erythematosus, or lupus, which is a serious disease of young women. It is an autoimmune disease characterized by acute and chronic inflammation of various organs of the body. Lupus is three times more common in black women than in white women. Researchers have discovered that receptors for DNA on the surface of white blood cells are defective in patients with lupus. This finding suggests that lupus can disrupt cell function at a fundamental level. The Committee urges that NIAMS support an expanded lupus research program.

Intramural research

The Committee is aware that the Institute's Scientific Director, Dr. Henry Metzger, and his colleagues, have succeeded in cloning and sequencing the gene for the three subunits that make up the receptor for the antibody, immunoglobulin E. This receptor is the key component to which antibodies bind in allergic reactions. This accomplishment holds promise for developing better ways to treat allergies and for discovering mechanisms of action of the antibodies in immune-mediated diseases. The Committee expects that a significant portion of the additional funding provided will be allocated to the intramural program.

Sjogren's syndrome

The Committee is pleased with the current research efforts of NIAMS on Sjogren's syndrome, which is caused by the destruction of glands that secrete tears and saliva and is often associated with rheumatic diseases. The NIAMS conference in January 1989 on the diagnosis and treatment of the many facets of Sjogren's syndrome led to plans for meeting research needs and future opportunities.

Scleroderma

Scleroderma results from overproduction of collagen, causing the skin to be hard and small blood vessels to spasm. Research efforts have succeeded in identifying two autoantibodies in individuals with scleroderma. Several new drugs have proven effective or promising in treating the vascular component of scleroderma. A new animal model, the tight skin mouse, is available for studying the increased accumulation of collagen in the skin. The Committee expects that the very highest priority be given to expanding scleroderma research with the additional funds provided by the Committee.

Muscle biology

The Committee supports continued basic research on muscle, which provides the foundation for understanding both how muscle develops and functions normally, and how it goes awry in disease. This knowledge is essential for other research areas, including those of musculoskeletal fitness and sports medicine.

Epidermolysis bullosa [EB]

Research in dermatologic diseases continues to provide important insights into understanding some of the basic defects of epidermolysis bullosa [EB], although the definition of specific biochemical abnormalities in most forms of EB remains unknown. The Committee is pleased to learn that over the past 2 years large numbers of patients have been enrolled in the National EB Registry and that efforts at the NIAMSD are now underway to analyze the data. New areas of inquiry, such as the use of genetic mapping, both to identify the gene for the various types of EB and to identify individuals at risk for carrying these genes, are very promising areas for focus in EB research.

The Committee remains concerned about the complex nature of the disease and the need for the NIAMSD to establish and support a multidisciplinary research effort that will more effectively deal with the problems of EB. Furthermore, the Committee continues to believe that specialized centers of research have proven to be a successful mechanism in addressing the multidisciplinary needs of other genetic diseases and encourages the NIAMS to plan for the establishment of a limited number of these centers for EB and other catastrophic skin diseases.

Advances in skin research

Practical applications to patient care of research findings in dermatology are impressive. For example, the Committee is pleased to learn that a tunable dye laser developed by NIAMS-supported researchers has been used successfully to treat portwine birthmarks, including those in young children. This laser technique has been perfected to the point where it can eradicate large, disfiguring birthmarks in almost all cases and thus will improve considerably the quality of life of many individuals. Due to concern about the effect of sunlight on skin, the NIAMS recently sponsored a Consensus Development Conference on Effect of Ultraviolet Radiation on Skin: Prevention and Treatment. It yielded important recommendations.

The Committee is impressed by the rapid development of research in dermatology, especially as researchers in that field are taking advantage of the work being done in the areas of molecular and cellular biology and immunobiology. The skin disease research centers, which are contributing to these advances, should be adequately funded in fiscal year 1990.

AIDS

Fiscal year 1990 funding will permit NIAMS AIDS research efforts to continue. NIAMS supported investigators have reported that the immune processing cells of the outer layer of skin, the Langerhans cells, harbor the virus in HIV-infected people. These cells may serve as a reservoir for the virus, and play a role in its spread to other tissues of the body. In collaboration with the Walter Reed Army Medical Center, the NIAMS is conducting prospective studies in Army personnel of the various skin changes associated with HIV infection.

Heritable disorders of connective tissue

There are more than 100 heritable disorders of connective tissue; although each connective tissue disorder is rare, approximately one-half million Americans are affected by them as a group. These disorders are chronic and debilitating, and in many instances are fatal.

The Committee urges the National Institute of Arthritis, Musculoskeletal and Skin Diseases to sponsor a heritable disorders of connective tissue workshop during 1990. This symposium will allow basic scientists and clinicians working on these disorders to discuss current research and treatment initiatives. Within available funding, the Committee urges the NIAMS to expand its research effort in this area.

The Committee is aware and pleased that the Multipurpose Arthritis and Musculoskeletal Diseases Centers Programs of NIAMS are expected to be especially amenable to clinical nursing research areas. The Committee is especially pleased that NIAMS encourages nurses to submit research proposals in these areas, and urges NIAMS to continue these efforts to ensure involvement of professional nurses in its programs and activities.

Osteoarthritis

There is no effective prevention or treatment for osteoarthritis, by far the most common type of arthritis in the rapidly growing elderly segment of the population. The Committee appreciates that new studies utilizing recombinant DNA technology offer promise for increasing scientific understanding and developing new treatments for this debilitating disease. Given the impact of osteoarthritis on health and utilization of health care resources, the Committee encourages the Institute to strengthen investigations of this disease.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 1989	$94,833,000
Budget estimate, 1990	99,902,000
House allowance	99,952,000
Committee recommendation	121,116,000

The Committee recommends an appropriation of $121,116,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. This is $21,214,000 more than the administration request, $26,283,000 more than the 1989 appropriation, and $21,164,000 more than the House allowance.

The NIDCD conducts and supports basic and clinical research, training, and information dissemination across the broad range of hearing and communication disorders. Research is being conducted in areas of deafness and hearing and communication processes including diseases affecting hearing, balance, voice, speech, language, balance, taste, smell, and touch. Plans have also been developed to address needs that cut across all of these areas of science; namely, prevention and rehabilitation, multipurpose centers, data systems and population-based studies, national information clearinghouses, and research personnel resources.

The Committee concurs with the recommendations set forth by the task force in the national strategic research plan and believes that this document provides an excellent blueprint to begin addressing the health problems subsumed under this new Institute's mission. Communication disorders affect 33 million Americans and cost this Nation approximately $30,000,000,000 annually. To discover causes, preventive measures, and cures for these disorders, to expand the small pool of highly qualified scientists working on these problems, and to improve the competitive position of communication disorders research in the national and international scientific communities, the Committee believes that the programs of this Institute should be designated as one of our highest public health priorities. Therefore, the Committee recommends a substantial increase in funding, to $121,116,000 for fiscal year 1990 for the growth and the mounting of initiatives recommended by the task force.

Selected new initiatives

Of particular concern to the Committee are the effects of deafness and communication disorders on children and the aging population. Therefore, the Committee concurs with the NIDCD task force and the Friends of the National Institute on Deafness and Other Communication Disorders, and strongly recommends that the following priority areas receive special attention: one, the continued investigation of genetic factors underlying these disorders, two, new and expanded research training programs for clinicians and other scientists, three, additional clinical trials to determine the effectiveness of drugs, vaccines, and methods of intervention in the prevention or management of certain types of disorders, and four, the expanded development of technology to aid in rehabilitative processes, especially hearing aids, cochlear prostheses, and assistive devices for speech disorders.

Congress has mandated that the Institute also provide clearinghouses and data banks and multipurpose research centers. To carry out these directives, the Committee provides additional funds to implement these programs.

The Committee is aware of nationally recognized research into the effectiveness of cochlear implants as a treatment for the hearing impaired being conducted at the University of Iowa. This research team combines strengths in the disciplines of otolaryngology, psychology, speech pathology, and audiology to study the relationship of cognitive abilities, electrophysiologic performance, psychophysical perception, compliance behaviors and biographic details with the wide range of cochlear implant performance. Because cochlear implants are becoming the treatment of choice among postlingually deafened adults, such an understanding is crucial to the successful treatment of this disorder.

The research is housed in a medical center complex that includes the Nation's largest university-based teaching hospital, a human biology research facility with over 300,000 square feet of floor space, affiliative agreements with an adjacent 327 bed Veterans Administration medical center, and a score of hospitals and ambulatory care centers throughout the State. The university's specialized research and broadly based resources from which it springs should make it an excellent applicant for a hearing center.

Research training

The Committee is concerned that currently fewer than 50 physicians trained in otolaryngology conduct communication disorders research in the United States, and that too few nonmedical researchers are being trained for work in the communication sciences. In response to this critical need for researchers, the NIDCD will support the research training of both pre- and postdoctoral candidates through institutional and individual training grants and in multidisciplinary centers. Research career awards will be offered to promote the development of both doctor of philosophy (Ph.D.) and doctor of medicine (M.D.) researchers in the scientific areas relevant to the Institute. The NIDCD is actively seeking to recruit and train minority candidates for research positions in the communication sciences.

Basic research

The NIDCD will continue to give priority to the support of basic research in hearing, balance, speech, language, and other communication sciences. Basic scientific studies provide the foundation for the development of new knowledge essential for clinical and applied research in communication sciences. The Institute is placing specific emphasis on the application of molecular and cellular biology to the genetic factors involved in communication disorders.

Genetics research

The NIDCD is planning an intramural laboratory for the study of the relationship of cellular and molecular biology and the genetic factors in the communication processes. A transgenic mouse has been developed that carries a genetic mutation affecting inner ear development. This mouse offers NIDCD researchers the opportunity to study the molecular biology of the genes causing deafness.

Population research

Little research has been done in the area of incidence and prevalence of disorders of hearing and other communication processes. The Institute plans to expand research in this area.

Clinical research

NIDCD researchers are developing a vaccine for the prevention of otitis media, a condition that threatens hearing and that affects approximately 70 percent of all American children. In order to bring hearing to the profoundly deaf, the Institute will continue to fund research for the refinement of cochlear implants and the development of central nervous system prostheses.

Clearinghouse and data base

A pilot program for a National Information Clearinghouse will be established by the NIDCD. The purpose of the clearinghouse is to disseminate information to the public, industry, and the medical and scientific communities concerning advances in research in the communication sciences.

Claude Denson Pepper awards

In recognition of the important contributions of our late colleague to biomedical research and to the creation of the National Institute on Deafness and Other Communication Disorders, the Committee designates, in his honor and to his memory, grant awards of excellence, to be known as Claude Denson Pepper awards. Such awards shall be the equivalent of the Javits awards granted through NINDS.

DIVISION OF RESEARCH RESOURCES

Appropriations, 1989	$358,332,000
Budget estimate, 1990	307,956,000
House allowance	356,128,000
Committee recommendation	362,253,000

The Committee recommends an appropriation of $362,253,000 for the Division of Research Resources [DRR]. This is $54,297,000 more than the administration request, $3,921,000 more than the 1989 appropriation, and $6,125,000 more than the House allowance.

The Division of Research Resources administers six distinct programs which provide much of the major infrastructure which undergirds the extramural research activities of the National Institutes of Health [NIH]. These resources support basic biomedical and clinical research in all areas of NIH research interest, including cancer, AIDS, diabetes, skin diseases, human gene sequencing and mapping, nutrition, aging, infectious diseases, neurology, immunology, as well as cellular and molecular biology and biochemistry.

The Committee was informed the NIH is proposing to merge the DRR with the Division of Research Services, an intramural resource component of the NIH. The Committee does not oppose this consolidation but has not been convinced of any strong rationale for it. Typically in considerations of this nature, reductions in FTE positions are possible due to the consolidation of like functions. These savings and additional efficiencies have not been specifically identified. The Committee, therefore, requests a report due by the end of January 1990 on the savings and efficiencies that will result from this consolidation during fiscal year 1990. The Committee has reduced the DRR budget by $500,000 to reflect these savings.

The Committee recognizes the growing dependence of the biomedical research community on the scientific resources provided by the primate centers. The Committee is concerned about the erosion of the base grant support for the centers. During testimony before the subcommittee, the centers reported receiving in 1980 81 percent of the operating level approved through peer review. By 1989 the actual funding received by the centers for base operations had fallen to 73 percent of the approved levels. The Committee, therefore, urges the Director to review the funding needs of the primate centers and make every effort to shore up their core grant support in fiscal year 1990.

Clinical research

The Committee recommends funding to continue the Clinical Research Program which administers 78 general clinical research centers [GCRC] located mainly at hospitals of academic learning. These GCRC's provide the specialized clinical research environments necessary for investigators, supported by the NIH and the other PHS components, to study the cause, prevention, and treatment of human disease.

The Committee recognizes and affirms that the primary mission of the DRR's General Clinical Research Centers Program is to provide the clinical infrastructure for research in all areas of interest to the NIH. However, the Committee is greatly concerned with the recent decision by the DRR's National Advisory Council to discontinue support of the only GCRC located in a school of dental medicine. The Council's grounds for this decision were that the users of this GCRC are overwhelmingly supported by a single NIH Institute [NIDR] and that the GCRC Program is for the conduct of general clinical research to support investigations in diverse fields, receiving grants from multiple NIH Institutes.

The Committee believes that this decision establishes an unfortunate and unsupportable precedent that will exclude general oral health research and research carried out in schools of dental medicine from future GCRC support. The Committee is further concerned with the arbitrary nature of this decision, as there has not previously been an issue as to whether this oral health GCRC Program falls within the scope of the overall GCRC effort at DRR. The guidelines for the GCRC Program, revised in 1988, made no mention that centers supported predominantly by a single NIH institute would be ineligible. Given this midstream change in the process, the Committee believes that the DRR should make appropriate arrangements to ensure that all areas of research interest, including oral health research conducted by schools of dental medicine, can be accommodated within the GCRC Program.

Biomedical research technology

Fiscal year 1990 funding recommended by the Committee supports the Biomedical Research Technology [BRT] Program which provides for the development of resources which allow access to the latest technologies by biomedical researchers. These technologies include high field nuclear magnetic resonance, mass spectrometry, electron microscopy, flow cytometry and the use of laser technology to study cell properties and growth. The BRT Program maintains regional or national resources serving a large group of investigators doing research, collaborating with other researchers, teaching the use of new technologies, and disseminating the results of the research and technology.

Laboratory animal sciences and primate research

Fiscal year 1990 funding support is continued for the Laboratory Animal Sciences and Primate Research Program which supports research and resources using laboratory animals and other biological models. The seven regional primate research centers support research in most research activities supported by the NIH, where primates are necessary to the conduct of research.

The laboratory animal sciences activity provides for the development of animal models, research on laboratory animal diseases, animal facility improvements, and training in laboratory animal medicine. The Committee strongly supports the biological models and materials research activity which continues its support of the exploration and development of alternatives to the use of mammalian animals in biomedical research and urges that additional funding be provided to this activity.

The Committee strongly supports the development and utilization of alternative research models which do not rely on the use of animals and recognizes the newly created National Coalition for Scientific Alternative Resources [NCSAR], a growing coalition comprised of numerous organizations representing existing and emerging biomedical and biotechnological alternative resources, as the leader in the field of alternative resource development. One of NCSAR's founding members is the National Disease Research Interchange [NDRI], whose mission is to ensure regular access to human tissues and organs for biomedical researchers throughout the country. Breakthroughs in the treatment and cure of many diseases can be expected through the development of these alternative resources.

Consistent with the congressional mandate directing NIH to develop research methods which do not rely on the use of animals, the Committee urges the Division of Research Resources to consider establishing a division of alternative resources program that is separate and distinct from the Animal Resources Program, and to give this effort priority and visibility in fiscal year 1990.

Biomedical research support

The three components of the Biomedical Research Support [BRS] Program seek to strengthen and enhance the biomedical research conducted at research intensive institutions.

The biomedical research support grant, the oldest of the three activities, provides formula-based funds with which the biomedical research institutions decide locally the direction of the institution's biomedical research. The Committee does not support the administration proposal to eliminate this program and has added $55,358,000 to ensure its continuation.

The shared instrumentation grant supports the purchase of established instrumentation, shared by groups of PHS-supported biomedical investigators. The Minority High School Student Research Apprentice Program allows minority students the opportunity to participate in research at a BRS or minority biomedical research support grantee institution. This activity is expected to stimulate the interest of minority students in biomedical research careers.

Minority biomedical research support

The Committee's funding recommendation supports the Minority Biomedical Research Support Program which seeks to enhance and strengthen research capabilities of minority institutions or institutions with large numbers of minority students, and provides for the participation of undergraduates, graduates, and faculty members in biomedical research at these institutions. Over 90 such institutions now have the resources necessary to engage in biomedical research. Additionally, an average of 80 percent of the participating students earning bachelor's degrees each year continue into graduate or health professional schools.

Research on AIDS

The Clinical Research Program continues to expand their efforts in AIDS and AIDS-related research, where currently at least 50 of the 78 GCRC's host AIDS research protocols. The Laboratory Animal Sciences and Primate Research Program continues the national chimpanzee breeding and research plan and the breeding of rhesus monkeys for AIDS research, as well as increased emphasis at the regional Primate Research Center on research in both AIDS and simian acquired immunodeficiency syndrome [SAIDS].

The Committee urges the Division of Research Resources to continue its support of nursing research through the General Clinical Research Centers Program and the Biomedical Research Support Program.

NATIONAL CENTER FOR NURSING RESEARCH

Appropriations, 1989	$29,132,000
Budget estimate, 1990	30,969,000
House allowance	32,969,000
Committee recommendation	34,969,000

The Committee recommends an appropriation of $34,969,000 for the National Center for Nursing Research [NCNR]. This is $4,000,000 more than the administration request, $5,837,000 more than the 1989 appropriation, and $2,000,000 more than the House allowance.

The NCNR supports and conducts basic and clinical research and research training related to nursing practice and the improvement of patient care, as well as dissemination of scientific information and research results.

Caregiver research

In accordance with congressional interest and intent, the Committee is pleased that the NCNR has initiated a vigorous research and training initiative on the subject of burden of care and the family caregiver role, particularly in families caring for patients with Alzheimer's disease [AD] and other dementias. The NCNR sponsored a program announcement on "Alzheimer's Disease and Related Disorders: Issues on Caregiving," with the National Institute on Aging, the National Institute of Mental Health, and the National Center for Health Services Research. This program announcement invites research and research training applications for study in such areas as family impact; caregiver stress; social support and services; and social, behavioral, technological, environmental, nursing, and reimbursement policy interventions that can reduce caregiver burden.

The burden of care and the family caregiver role are the subject of a new research and training initiative.

Research programs

NCNR research programs are broad, encompassing many areas of health care and patient well-being. These include HIV infection, rural health care, acute care environments, the frail elderly, the nursing shortage, and the burden of care by family members. Scientific investigations into the nursing care of HIV-positive patients are expanding, are serving as a foundation for a nursing research program, and should enhance the management of the severe symptoms of the disease and the side effects of treatment. Rural health care is an important focus of several current studies. Nursing studies of patients in acute care settings, such as those on recovering cardiac patients and low birth weight infants, are yielding insights into better recovery strategies, improved discharge planning, and shorter hospital stays. The frail elderly are the subject of research which places emphasis on increased mobility and the prevention of falls.

Nursing shortage

The Committee urges that the nursing shortage continue to be analyzed through a variety of research efforts. Most notably two studies of the impact of innovative nursing practice models on availability of nursing resources and quality of patient care are now underway and will be supported by fiscal year 1990 funding.

Research centers

The Committee is pleased with the response of the NCNR in issuing requests for applications for two types of centers. Specialized centers will support the collaborative efforts of established investigators in basic and/or clinical nursing research. Exploratory centers will generate research in institutions with more limited research activity by assisting these institutions to develop a broader research base. This program supports a multidisciplinary approach and offers an opportunity to develop depth in the science in promising areas of nursing research.

Collaborative intramural research program

Fiscal year 1990 funding will support clinical nursing studies within the NIH intramural community. The NCNR is establishing a special collaborative research program with the National Institute on Allergy and Infectious Diseases on the nursing care of AIDS patients. This effort is directed toward decreasing morbidity and increasing the infected individual's ability to cope with symptoms of the disease and reactions to medication, in order to improve quality of life and ameliorate economic and social cost.

Research training initiative

The Committee supports the objectives of the NCNR's training initiative which are to increase the number of predoctoral and postdoctoral awards, consistent with the National Academy of Sciences recommendations; increase postdoctoral opportunities for nurses; and increase the cadre of minority nurses in research training.

Health care in rural areas

The Committee continues to urge that serious attention be given to the health needs of rural Americans. The critical shortage of qualified nurses, psychologists, and other primary care personnel in these areas demands the implementation of creative strategies to maximize retention of these professionals in rural areas. There has been growing concern about rural health care status, facilities, clinical services, and delivery systems. The majority of those living in rural areas are under 17 years of age or over 65 years of age. Because of greater accessibility of health care professionals and better transportation in urban areas, findings based on urban populations cannot be generalized to rural populations which are more geographically and physically isolated, less likely to seek health care, and more likely to treat themselves.

NCNR has the opportunity to help solve the problems of rural health by communicating to the nursing research community its interest in receiving proposals targeted to rural health issues. Epidemiological studies, clinical intervention studies (particularly those related to the elderly, infants, children, adolescents, and childbearing women), health promotion studies focused on chronic illness and other rural health problems, and studies of nursing care delivery in existing and newly emerging practice settings, are examples of research areas for these proposals.

Minority initiatives

Research on minority health issues, including the health needs of native Hawaiians, native Samoans, and other Pacific basin populations, are of major importance to NCNR, and special consideration is given to applications that focus on this area. Several currently funded projects are examining the increased health risk factors found in minority populations, including socioeconomic status, access to health care and education, and cultural variables affecting health beliefs and practices. Areas of research interest to NCNR are: minority access to prenatal care in order to understand better the risk factors for low birth weight; the effects of early discharge of low birth weight babies with followup home visitation; and long-term care of minority elders in urban and rural areas. NCNR is also interested in recruiting minority pre-and postdoctoral fellows into nursing research and offering training opportunities to qualified minority candidates. NCNR is encouraging minority involvement in research through positions for minority faculty to work with experienced principal investigators and minority graduate students to join research projects as research assistants.

Research planning

The Committee notes the progress of NCNR in the development of a national nursing research agenda defining research priorities through priority expert panels [PEP's]. At this time PEP's are in varying degrees of progress, identifying the knowledge base to guide nursing care research programs in fiscal year 1990 on HIV infection, and the prevention and care of low birth weight infants and families. Long-term care of the elderly, symptom management, and information systems are priority areas planned for the future. The PEP's on health promotion and technology dependency across the lifespan will begin in fiscal year 1990.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES

Appropriations, 1989	$14,002,000
Budget estimate, 1990	15,532,000
House allowance	15,579,000
Committee recommendation	15,532,000

The Committee recommends an appropriation of $15,532,000 for the Fogarty International Center [FIC]. This is the same as the administration request, $1,530,000 more than the 1989 appropriation, and $47,000 less than the House allowance.

The FIC promotes biomedical research through the support of collaborative activities by American scientists with scientists throughout the world and the conduct of international liaison activities.

International research and awards programs

The Committee's funding recommendation supports the continuation of the international research and awards programs. These programs promote the advancement of research on the prevention and treatment of disease worldwide by providing support for junior and senior scientists to conduct research in the United States and abroad. In this way, advanced biotechnology from developed foreign countries is accessible to American scientists and is transferred to U.S. laboratories and universities.

International coordination and liaison program

This program, through the administration of the NIH's participation in 72 formal agreements with 39 countries, established linkages between U.S. scientists and those around the world to develop research strategies to solve major health problems at home and abroad. The Committee supports continuation of this program.

International advanced studies programs

These programs promote collaboration among United States and foreign scientists on research for diseases that know no national boundaries. Accomplishments include new research strategies for the treatment and prevention of such major health problems as: genetic diseases, hepatocellular (liver) carcinoma, and the possible emergence in the future of new, unexpected and potentially serious virus diseases such as AIDS. The Committee supports continuation of this program.

AIDS

One of the keys to eventual successful control of the AIDS epidemic lies in the promotion of international scientific collaboration. The FIC's AIDS programs are responding to this world crisis by supporting international research and research training in the epidemiology, diagnosis, prevention, and treatment of AIDS both in the United States and in other countries.

The Committee is very pleased that the Fogarty International Center has made efforts to promote its research training and support programs to nursing institutions in the United States and abroad, and that it exhibits a continuing interest in receiving applications in the area of nursing research. The Committee urges the Center to continue these efforts, as well as to continue its efforts in developing appropriate links with the International Council of Nurses and other national and international nursing organizations in order to promote quality nursing research.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 1989	$74,413,000
Budget estimate, 1990	78,729,000
House allowance	83,311,000
Committee recommendation	80,729,000

The Committee recommends an appropriation of $80,729,000 for the National Library of Medicine [NLM]. This is $2,000,000 more than the administration request, $6,316,000 more than the 1989 appropriation, and $2,582,000 less than the House allowance.

The National Library of Medicine collects, organizes, and provides the Nation's health professionals and scientists easy access to the world's published health knowledge. In addition, the Library conducts research in knowledge-based medical consulting expert systems; electronic biomedical imaging technology; and electronic information storage and retrieval. Recently, NLM experienced a significant expansion of its responsibilities in the areas of biotechnology, AIDS, and outreach.

Outreach for rural communities and other areas

The Committee is pleased that at its direction the NLM is developing an active outreach program to make its services and products better known and more widely used by health care professionals and researchers, particularly in rural and remote areas. The Board of Regents established an outreach planning panel chaired by Dr. Michael DeBakey. To meet the objective, the outreach planning panel has recommended that NLM strengthen the regional medical library network; expand direct access grants to community-based health institutions; widen support of integrated academic information management systems; expand grant support for training, fellowships, and demonstrations projects; continuously assess users awareness of and needs for NLM's products and services; and continue to develop and improve products and services.

The Committee is disappointed, however, that all the recommendations made by the panel require additional funding totaling $26,000,000 or a 33-percent increase in the budget of the National Library of Medicine. The Committee strongly believes that all the existing NLM resources and all the existing NLM mechanisms need to be examined to see how this objective can be met. The Committee requests a report before February 1990 on how this objective can be met within existing resources. The Committee has added $2,000,000 to support implementation of the panel's recommendations but expects the output of this level of effort to be matched many times over with available resources

National Center for Biotechnology Information

The Committee supports the continued establishment of the National Center for Biotechnology Information. This Center will provide state-of-the-art information services to allow researchers to analyze, record, and retrieve genetic and molecular data more quickly and accurately in the face of explosive growth in molecular biology information. The Center is building and enhancing data bases to accommodate molecular biology and genetics information; developing advanced information retrieval and analysis methods for those data bases; and supporting scientific communications in the area of computers as applied to molecular biology and genetics data.

AIDS information services

The Committee is pleased with the NLM recently created AIDSLINE, a bibliographic service containing references to scientific articles about AIDS. AIDSLINE is the foundation for the international data bank on AIDS research information. This bibliographic service will improve access to AIDS and AIDS-related information for health professionals and researchers. The Library will expand AIDSLINE with AIDS references from other NLM data bases and the addition of non-NLM sources as well.

Nursing

The Committee is very pleased with the continuing efforts of the National Library of Medicine to systematically incorporate and expand the scope of nursing reference materials and resources in its facilities. The Committee is extremely pleased to learn that two nurses have been appointed to serve on the newly established planning panel on outreach, which was organized in fiscal year 1989 to make recommendations on a plan to publicize, through new outreach measures, the availability of information, products, and services to all health professional groups. The NLM is urged to continue its efforts to collaborate with, and to involve, professional nurses in the planning, development, and evaluation of its programs.

OFFICE OF THE DIRECTOR

Appropriations, 1989	$68,223,000
Budget estimate, 1990	95,658,000
House allowance	106,987,000
Committee recommendation	127,570,000

The Committee recommends an appropriation of $127,570,000 for the Office of the Director [OD]. This is $31,912,000 more than the administration request, $59,347,000 more than the 1989 appropriation, and $20,583,000 more than the House allowance.

The OD appropriation supports the central policy and administrative offices of the NIH, which are responsible for development of the overall research policy for NIH research programs, including issues related to misconduct in science and scientific integrity, and minority research programs. These offices also provide for administration of centralized services in areas such as communications, science policy and legislation, equal opportunity, contract and grant administration, and financial and personnel management.

Supercomputer

The Committee is sympathetic to the need to expand supercomputer at NIH and NCI and, therefore, has included $34,000,000 in the Office of the Director for its competitive procurement.

AREA and RCMI Programs

The OD supports the Academic Research Enhancement Award [AREA] and the Research Centers in Minority Institutions [RCMI] Programs. These programs strengthen the research programs of nonresearch-intensive and predominantly minority educational institutions.

AIDS

The OD provides support for several programs related to AIDS research including the Office of AIDS Research [OAR], NIH, which coordinates NIH intramural and extramural AIDS research and centralizes various AIDS-related policy and operating functions. Other AIDS-related research activities include the continuation of an intramural research project to develop targeted antiviral agents for the treatment of AIDS, AIDS research under the RCMI Program, and funding to address the bioethics and biosafety issues related to AIDS.

Actions to improve NIH procurement activities underway

In April 1988, the inspector general estimated that $26,000,000 in precious research funds were being lost each year due to inefficiency and mismanagement related to NIH's procurement activities. As a result, the Committee reduced NIH's request by $6,700,000 to reflect savings that the Committee believed NIH could achieve if it made recommended procurement reforms.

The Committee is pleased to note that NIH is well along in the process of implementing numerous actions that will result in larger discounts on goods that NIH purchases from vendors. In addition, efforts continue to: one, examine staffing and salary levels for purchasing agents, two, assess the adequacy of internal controls, and three, improve procurement management oversight activities.

The Committee notes that the inspector general and NIH differ on the total amount of annual savings to be achieved when all of the procurement reforms related to its DELPRO system are completed. For example, the inspector general estimated savings of between $10,000,000 and $15,300,000 while the NIH estimated savings of only $6,600,000 to $9,100,000 related to the DELPRO system. The Committee is reassured, however, by NIH's commitment to achieve all possible savings while maintaining a system responsive to the needs of the scientists. As noted in the hearing record, NIH has stated that based on negotiations with selected suppliers that have already taken place, both NIH and the inspector general anticipate that the annual savings in fiscal year 1990 will be $3,000,000 to $5,000,000. As such, the Committee has reduced NIH's procurement budget by $4,000,000 for fiscal year 1990 to be proportionately spread among its institutes and centers. The Committee also directs the NIH to continue to proceed at full speed in fully implementing procurement reform at NIH including efforts to streamline and professionalize NIH's procurement personnel.

Diagnostic radiology

The Committee agrees with a recent report of the Institute of Medicine asserting that the intramural program at NIH is a visible focus and rallying point for the Nation's overall biomedical research effort. During its hearings, the Committee learned of major advances in technology which hold tremendous potential for expansion of imaging processes. For example, links between imaging and chemical investigations are now possible with magnetic resonance technology; the long-sought ability to achieve tissue characterization could evolve from investigations in this area. Applications of computer technology promise new developments in tumor definition, the function of the cardiac system, and the diagnostic applications of monoclonal antibodies. In order to fully capitalize on these and other promising areas of research the Committee has provided up to $2,000,000 to the Office of the Director to establish, within the appropriate institute, an intramural research program on diagnostic radiologic imaging.

Behavioral research

The Committee is deeply concerned about the report submitted by NIH to Congress entitled "Health and Behavior: Fiscal Year 1988." While this report provides valuable information about the vitally important research on health behaviors being conducted by the NIH, it falls short of meeting the objective that the NIH raise its investment in health and behavior research from the current proportion of 3 percent of overall funding and establish a comprehensive 10-year plan for steadily increasing this commitment.

The Committee again expresses its strong support for the health and behavior research of NIH, as has been expressed repeatedly in recent years, and reiterates its intent that this portfolio be expanded proportionately. The NIH must bring into alignment its support for biobehavioral research with the human and economic costs of behavior-related illnesses and disability to society. The Committee notes with appreciation that, after 4 years of work, the U.S. prevention services task force released its final report, "Guide to Clinical Prevention Services." This expert panel of scientists and clinicians concluded that substituting behavioral interventions in ways to maintain good health is "more likely to reduce morbidity and mortality in this country than any other category of clinical intervention." Each day that HHS delays its efforts to expand research in this landmark area exacts an avoidable cost in human suffering and human life.

The Committee further emphasizes that behavioral research in the areas of cardiovascular disease, eating disorders, substance abuse, smoking, cancer, and stress is teaching our Nation a great deal about behavioral factors that are associated with, or contribute to, disease. The Institute of Medicine, the Surgeon General, the NIH, and others have reported at length on the relationship between health and behavior in disease diagnosis, treatment, and prevention. These reports continue to document that as much as 50 percent of mortality from the 10 leading causes of death in the United States can be traced to long-term patterns of behavior, and that 7 of the 10 leading causes of death in this Nation are in large part behaviorally determined and can be significantly reduced through changes in behavior.

Despite this overwhelming evidence, the proportion of NIH funding dedicated to this critical work has remained at approximately 3 percent over the past 4 years, notwithstanding the Committee's continuing directive that this percentage be increased. Further, during last year's deliberations, the Committee directed NIH to "establish each year meaningful and explicit goals to raise its expenditures on health and behavioral research above its current proportion of 3 percent and to * * * report * * * in that regard." As this planning component is of fundamental importance, the Committee is deeply disturbed that the NIH report does not provide this information. Accordingly, NIH is directed to provide another report this fiscal year and further, to specifically include the requested long-term planning, which is now also a requirement of the authorization statute.

Research centers at minority institutions

The Committee recommends that each of the individual NIH Institutes aggressively pursue the initiation of institutional cofunding of research centers at minority institutions [RCMI] grants. RCMI grants have assisted recipients in developing their research infrastructure, and capability to initiate the study of problems or disorders that disproportionately impact minority populations. The Committee recommends that each Institute support the RCMI program by sponsoring programs and research of interest to the Institute, matching the RCMI recipients' capabilities and expertise.

Sleep disorders

The Committee understands that consideration is being given to the establishment of a centers program in basic sleep, by several of the Institutes, and in conjunction with the NIMH. Such an initiative would seem to hold considerable promise. The Committee would appreciate being kept informed of various developments in this area, including the proposed role for the newly established National Commission on Sleep Disorders.

Nursing

The Committee was pleased to learn that the Director has commissioned an update on the 1984 "NIH Task Force on Nursing Research" report to the Congress, as requested last year. It is unfortunate that this document has not been completed prior to this year's actions; however, the Committee looks forward to reviewing its recommendations when available. The Director is urged to continue to ensure that each of the Institutes works closely with the nursing research community and the National Center for Nursing Research to explore opportunities for active nursing involvement in their research protocols and ongoing program policy development.

Medical followup agency [MFUA]

The Committee has learned that the Medical Followup Agency [MFUA], now located at the Institute of Medicine, without some invigorating of its operations, faces a decline and possible shutdown. The Committee is concerned that that would mean a loss of 40 years of medical data and the unique ability to conduct epidemiologic research on the veteran population at a time when assessment of costly medical treatment is becoming ever more important. Therefore, the Committee requests that NIH take the lead in working with the Department of Defense [DOD] and the Veterans Administration [VA] by providing Federal funding of $700,000 for this purpose. The Committee would not expect the NIH to make a contribution unless generously matched by the DOD and the VA.

Extramural construction

The Committee has added $18,000,000 to fund the existing extramural construction authorities with the allocation among those five authorities to be determined by the Director. The Committee has also added language for the following facilities to be funded within the $18,000,000 provided: Jackson Laboratory, Bar Harbor, ME; the Primate Research Institute, Halloman, NM; the McLaughlin Institute, Great Falls, MT; the Perinatal Research and Training Center, University of Mississippi; and the Biomedical Research Center, Medical College of Georgia, Augusta, GA. In addition the Committee urges that special consideration be given to funding the application from the University of Colorado Cancer Center.

BUILDINGS AND FACILITIES

Appropriations, 1989	$38,492,000
Budget estimate, 1990	21,600,000
House allowance	81,600,000
Committee recommendation	41,600,000

The Committee recommends an appropriation of $41,600,000 for buildings and facilities. This is $3,108,000 more than the administration request, $20,000,000 more than the 1989 appropriation, and $40,000,000 less than the House allowance.

The buildings and facilities appropriation provides the funds for NIH construction programs including design, construction, improvements, and major repair of clinical and laboratory buildings and supporting facilities necessary to the mission of the NIH. The funds in this appropriation support the 60 buildings on the main NIH campus in Bethesda, MD; the NIEHS facility in Research Triangle Park, NC; the NIH Animal Center in Poolesville, MD; the Rocky Mountain Laboratory in Hamilton, MT; the Frederick Cancer Research Facility in Frederick, MD; the primate facilities in Perrine, FL; the gerontology research facility in Baltimore, MD; and other NIH field locations. The Committee would like a report including recommendations and appropriate funding recommendations for the future facilities needs of the NIEHS.

Repairs and improvements

The appropriation supports a program of repairs and improvements to existing buildings and facilities and those under design or construction. The activities in this area are essential due to age, usage, exposure to the elements, and changes in space utilization.

Construction programs

The buildings and facilities appropriation supports several ongoing NIH construction projects. These include the modernization/safety improvements of the Warren G. Magnuson Clinical Center, the renovation of six of the older laboratory buildings on the NIH campus, AIDS-related renovations, the design and construction of the child health/neuroscience facility, the upgrading of NIH animal facilities to meet accreditation standards, and design for the consolidated office building and facilities at the NIEHS in North Carolina. The Committee has added $20,000,000 over the amount requested to partially meet these needs, $3,500,000 of which the Committee expects to be used for the Animal Facilities Improvement Program and $10,000,000 for the consolidated office building.

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Appropriations, 1989	$1,843,562,000
Budget estimate, 1990	1,956,319,000
House allowance	1,917,162,000
Committee recommendation	2,005,448,000

The Committee recommends an appropriation of $2,005,448,000 for alcohol, drug abuse, and mental health activities. This recommendation is $88,286,000 over the House allowance, $49,129,000 more than the administration's budget request, and $161,886,000 more than the fiscal year 1989 appropriation.

The purpose of the Alcohol, Drug Abuse, and Mental Health Administration [ADAMHA] is to develop an understanding of, and to assist in treating, alcoholism, drug abuse, and mental disorders. ADAMHA operates intramural research facilities and awards project grants and contracts for extramural research, research training, and prevention programs. Additionally, ADAMHA provides block grant funding to States to help finance alcohol, drug abuse, and mental illness prevention and treatment programs. ADAMHA also serves as the major Federal agency responsible for educating the public about these problems.

The agency consists of three Institutes, the National Institute of Mental Health [NIMH], the National Institute on Drug Abuse [NIDA], and the National Institute on Alcohol Abuse and Alcoholism [NIAAA], and the Institute-level Office of Substance Abuse Prevention [OSAP], which coordinates prevention and treatment activities and conducts service demonstrations and training. All of the Institutes are funded for research, training, and direct operations. Separate amounts are also provided for overall agency administration, for the block grant and demonstration programs, and for intramural research facility repair and renovation.

Acquired immune deficiency syndrome

As part of its AIDS initiative, the Committee provides $205,461,000 to ADAMHA for AIDS research, education, and prevention activities. An additional amount of $12,142,000 has been provided for program management and support of AIDS activities, as requested. This amount is the same as the administration request and $44,267,000, or 28 percent, above the 1989 appropriation. The House did not set aside ADAMHA AIDS funding.

The Committee is greatly concerned that ADAMHA is neglecting its responsibility to lead the Federal efforts in the full range of AIDS research, prevention, and service delivery programs that fall under the agency's mission. The Committee believes ADAMHA should be coordinating its prevention activities with CDC and its service delivery activities with HRSA, but must retain the lead in these activities consistent with its authorized mission.

Research.—As requested by the administration, $119,348,000 is provided for AIDS research at the three institutes: $60,254,000 for NIMH; $51,584,000 for NIDA; and $7,510,000 for NIAAA. This is $50,004,000 more than the fiscal year 1989 appropriation. The House did not set aside ADAMHA AIDS funding.

The Committee directs expansion of the ADAMHA AIDS research portfolio in the area of social and behavioral sciences, consistent with the reports of the National Academy of Sciences, the President's Commission on AIDS, and the National Research Council.

This expanded effort should include a focus on prevention, particularly on high-risk populations such as ethnic-minority women, the sexual partners of IV drug users, sexually active minority adolescents and adolescent boys experimenting with same-sex sexual behavior. The role of substance abuse in disease progression and the role substance use plays in facilitating high-risk sexual behavior must be explored more closely. ADAMHA should begin to research more aggressively the social ramifications of this disease, including discrimination, stigma, and social pathology such as anti-gay violence.

It is the Committee's intent that the increased focus on behavioral research in AIDS should include initiation of a program of randomized field experiments for evaluating new intervention programs at the community level. Initial research has suggested that changes in community norms may drive large-scale change in the high-risk activity of individuals. Thus, ADAMHA should focus on funding a research program that compares several different models of communitywide interventions at several sites around the country. This is a similar approach to community intervention trials conducted by agencies at the NIH in heart disease and smoking intervention.

Research training.—As requested by the administration, $3,435,000 is provided for AIDS research training. This is $1,125,000 more than the fiscal year 1989 appropriation. The House did not set aside ADAMHA AIDS funding. Of this amount, $2,507,000 is provided for NIMH, $600,000 is provided for NIDA, and $328,000 is provided for NIAAA.

The Committee has provided increased funding for research training in order to increase the number of social and behavioral scientists trained, consistent with Public Law 100–607. As the number of persons with HIV increases, it is essential that the number of substance abuse and mental health professionals such as psychologists, social workers, counselors, and therapists trained in HIV-related issues also is increased. In addition, increased attention also should be focused on expanding the ranks of peer counselors who meet unique needs in the area of psychosocial support and substance abuse counseling.

As the agency with the greatest expertise in training mental health and substance abuse professionals and a history of providing training programs in this field, ADAMHA is directed to maintain and expand its role in this arena.

Prevention outreach and demonstrations

The sum of $82,678,000 is provided to NIDA for outreach and prevention demonstration projects. This amount is $8,923,000 less than the fiscal year 1989 amount. The House did not set aside ADAMHA AIDS funding.

The Committee is disturbed by reports of ADAMHA's abdication of responsibility for leadership in the area of education, prevention, outreach, and services in the mental health and substance abuse arena. The unique expertise in prevention and education activities that belongs to ADAMHA must be tapped more successfully in fiscal year 1990. NIDA is directed to enhance its role in designing, demonstrating, evaluating, and implementing innovating methods to reduce high-risk drug abuse activity.

Similarly, the Committee recommends that NIMH use its expertise and linkages with professional groups to provide leadership on AIDS and mental health, whether this means developing strategies for handling the chronically mentally ill or demonstrating treatment services for persons with HIV infection. The Committee is particularly interested in seeing development of quality research data about the efficacy of different treatment modalities.

Alcohol, drug abuse, and mental health block grant

For the alcohol, drug abuse, and mental health block grant, the Committee recommends an appropriation of $815,000,000 which is $15,000,000 over the administration request, $9,406,000 over the House allowance, and $9,406,000 above the 1989 level. Of this amount, at least $40,750,000, or 5 percent, shall be set aside for data collection, health services research, and technical assistance.

The block grant was established by Congress as part of the Omnibus Budget Reconciliation Act of 1981, which combined all mental health and substance abuse service programs, with the exception of the Community Support Program, into a single grant to be administered by the States.

The Anti-Drug Abuse Act of 1988 (Public Law 100–690), enacted November 18, 1988, revised and extended the existing alcohol, drug abuse, and mental health services block grant [ADMS] and incorporated the alcohol and drug treatment and rehabilitation [ADTR] block grant program. The new ADMS block grant provides funds to States to support alcohol, drug abuse, and mental health prevention, treatment, and rehabilitation services.

The Committee noted during its hearings that ADAMHA has not provided adequate leadership to the States with respect to the block grant, and millions of dollars appropriated to the ADMS block grant remain unspent even while the Nation's drug problems appear to be growing. The Committee has requested ADAMHA to develop and implement a plan for ensuring that block grant funds will be used responsibly and timely by the States in their efforts to combat substance abuse and mental health problems.

The Committee is keenly aware of the need to increase efforts in these areas, and has, therefore, provided a substantial funding increase to the ADMS block grant. However, the Committee remains concerned over the difficulties some States have experienced using the block grant funds, and expects ADAMHA to increase its involvement in administering the block grant in order to ensure a coordinated effort in the fight against drug abuse and other problems addressed through the block grant.

The Committee believes data collection and evaluation of substance abuse and mental health programs are essential to the effective use of the ADMS block grant funds. Public Law 100–690 specifically requires the collection of substance abuse and mental health data. The law authorizes that not less than 5 percent and up to 15 percent of the total block grant funds be set aside for this purpose and for evaluating treatment programs and providing technical assistance to the States. The Committee expects ADAMHA to consider carefully the appropriate percentage set-aside in order to collect the required data, assist the States in administering the block grant funds, and evaluate existing treatment programs. The Committee directs ADAMHA to report in detail on how the set-aside funds have been used prior to the fiscal year 1991 appropriations hearing.

Homeless Mentally Ill Block Grant Program

The Committee recommendation includes $21,192,000 for the block grant for services to the homeless mentally ill, which is $7,064,000 above the 1989 level, $13,808,000 below the House level, and $13,836,000 below the administration request.

The homeless mentally ill block grant funds are used by States to provide services to chronically mentally ill homeless and those likely to become homeless. Services provided under this program include outreach, outpatient, and rehabilitation, and case management.

Mental health State planning grants

The Committee concurs with the House committee in providing no funds for this activity in fiscal year 1990. The administration requested no funds for this program, for which the authorization has expired. In fiscal year 1989, $4,730,000 was provided.

IV drug treatment grants

The Committee recommends $25,000,000 for drug treatment grants. This amount is the same as the administration request and the House allowance, and $50,000,000 less than the fiscal year 1989 appropriation.

The Committee has provided the fully authorized amount for this program. The competitive grant program provides funds to public and not-for-profit drug abuse programs to expand treatment capacity, thereby reducing or eliminating waiting lists for treatment.

New treatment grants, crisis areas

The Committee recommends $15,000,000 for a new program of treatment grants to support expansion of treatment capacity for the indigent, disadvantaged, youth, or expectant mothers. This is $15,000,000 over the fiscal year 1989 amount, $5,000,000 over the House allowance, and $15,000,000 below the administration request.

Funds would be targeted to States and communities with high rates of drug abuse for programs of proven effectiveness. States would agree to maintain the added treatment slots for at least 3 years after receipt of the awards.

Mental health research

The Committee recommends $340,500,000 for non-AIDS mental health research, which is $34,451,000 more than the budget request, and $47,021,000 more than the fiscal year 1989 appropriation. The House did not provide separate funding for non-AIDS mental health research.

Rural and native American mental health research.—The Committee notes that the decade of the 1980's has seen the beginning of a massive restructuring of the American economy, resulting in an outflow of population and resources from the rural areas of our Nation. According to a recent report, the rural poverty rate grew throughout the first half of the 1980's, reaching 18.3 percent in 1985, compared to an urban poverty rate of 12.7 percent; since 1980, the rural unemployment rate has exceeded the urban rate consistently, a reversal of the historical pattern; and rural population growth has slowed dramatically as migration to urban areas has hit its highest level in 30 years (932,000 in 1986–87). There is a tremendous human cost to this restructuring. Rural rates of substance abuse, depression and other mental disorders, and suicide have climbed alarmingly in recent years.

In 1977, the President's Commission on Mental Health first noted a lack of data and research on rural mental health. Over 12 years later, this is still the case. However, the information that does exist is disturbing: evidence shows adults in rural areas have significantly higher rates of alcohol abuse and dependence and of cognitive deficit problems than those living in urban areas. A 1986 study of adolescents in three communities in rural Minnesota showed the rate of suicide attempts to be 15 times higher than the national average, and the incidence of depression twice the national average.

Other studies have noted moderate to large increases in dysfunctioning adults, exceptionally large increases in child abuse, spouse abuse, and alcohol abuse, especially among teens, and increases in depression and anxiety disorders.

With respect to the American Indian and Alaskan Native populations, the Committee is very concerned that mental health services and research is equally underdeveloped and underfunded relative to the degree of need. In fiscal year 1989, the budget for the Indian Health Service mental health programs was only $13,000,000, just over 1 percent of the entire IHS budget.

According to a 1986 report by the Office of Technology Assessment, "Indian Health Care," the most serious mental health problems exhibited by American Indian and Alaskan Native populations include depression, suicide, alcoholism, and drug abuse, abuse of family members, and homicide. Yet mental health services are regarded by these populations as relatively unavailable in most IHS areas, and alcohol treatment and prevention programs are inadequate to meet the need. Further, currently existing services are unresponsive to the cultural needs of American Indian and Alaskan Native populations.

The Committee has included bill language to set aside $10,000,000 of the funding for mental health research for rural research, of which not less than $3,000,000 shall be for research targeted toward American Indian and Alaskan Native populations. The Committee urges NIMH to coordinate its research on American Indians and Native Alaskans with the Indian Health Service.

The Committee intends these funds to be used to establish a rural health center program to conduct research to identify the major health problems and risks associated with a rural lifestyle and to identify the factors that produce high rates of emotional problems, substance abuse, chronic disease, accidents, and illness. Research should seek to identify ways that health risks can be lowered through individual and community efforts, ways to better coordinate mental and physical health services, and the effectiveness of various social work mental health service delivery models, particularly those with a family centered focus. The Committee is aware that Iowa State University has a program of rural health research underway, and would be an ideal site for a rural mental health research center.

Furthermore, the Committee requests a report discussing the desirability of establishing an Office of Rural Mental Health to provide some focus to the special problems of rural areas. The Committee requests this report by January 15, 1990.

Schizophrenia.—The Committee has been most impressed with testimony presented by the National Alliance for the Mentally Ill and other organizations concerned with schizophrenia, and reiterates its strong support for implementing the national plan for schizophrenia research. The Committee commends the Institute for the high priority it is placing on advancing research on schizophrenia, the most chronic and disabling of the major mental illnesses.

Behavioral research.—The Committee is aware of three official reports over the past year recommending that NIMH spend more on behavioral and social science research and training. First, an ADAMHA report points out that 95 percent of the dramatic loss of young NIMH investigators is due to fewer psychologists and social scientists. Second, a National Academy of Sciences report, "The Behavioral and Social Sciences: Achievements and Opportunities," calls on ADAMHA to spend $80,000,000 more per year on behavioral and social science research that is ripe for major breakthroughs—a large proportion of which would be funded by NIMH. Finally, a second National Academy report, "AIDS: Sexual Behavior and Intravenous Drug Use," calls on NIMH to commit significant additional funds to study psychological, behavioral, and social interventions aimed at stemming the AIDS epidemic. In addition, this Committee has consistently called NIMH's attention to such behavioral and social mental health issues as prevention, rural mental health, suicide, minority mental health concerns, and others. Yet the Committee is unaware of any specific initiatives in response to any of these reports or suggestions. The Committee, therefore, directs the Director of NIMH to undertake a study of the role of behavioral and social science in the Institute and to report back to the Committee on plans to initiate new programs aimed at increasing a behavioral and psychological presence at NIMH.

Services research.—The Committee continues to be concerned about the level of effort devoted to data collection, services research, and technical assistance. We understand that the ADMS block grant set-aside of 5 percent for these purposes has been used primarily for data collection and services research, and the Committee applauds these efforts. However, the Committee encourages the Institute to also consider core budget support for these activities and to support technical assistance efforts directed at the efforts of local governments in administering and financing mental health programs. It has come to the Committee's attention that county governments are playing an increasingly critical role in the delivery of mental health services as States move to decentralize their service system away from State institutions toward community based systems of care. Data collection should reflect this shift and the National Reporting Program for Mental Health Statistics at NIMH should incorporate attention to the role of local governments in service delivery.

The Committee recognizes the unique importance of services research within NIMH's overall research agenda, and encourages NIMH to fund and promote research in areas such as preventive mental health services, the delivery of services for the seriously mentally ill, and the role of family and community factors in the mental disorders of children and adolescents. The Committee also commends NIMH on the formation of the task force on social work research and supports the task force's efforts.

Children's mental health.—The Committee is concerned about the availability of mental health services for children. Emotionally disturbed children in America are underrecognized, underdiagnosed, and underserved. In addition, the field of pediatric mental health is underresearched and very much underfunded. The National Mental Health Association and the Institute of Medicine estimated that between 11 and 14 million children have a diagnosable mental disorder, and found also that only about 2.5 million receive treatment, merely one-third of those who need it. The Office of Technology Assessment concluded in its background paper "Children's Mental Health: Problems and Services," that the immediate need is for improved delivery of mental health services to children and adolescents. The Committee is aware that emergency medical services systems have the potential to identify and treat those children who are in need of acute mental health services. Accidents have become the largest single cause of death and disability for children between the ages of 1 and 14 years, and the Committee recognizes that there is a high emotional component associated with the occurrence of accidents in children. Therefore, the Committee recommends that $250,000 from NIMH be used to supplement the Pediatric Emergency Medical Services Program of HRSA for mental health oriented programs for children.

The Committee has noted the recent Institute of Medicine study assessing the status of research on child and adolescent mental disorders. The Committee directs NIMH to request that its National Advisory Mental Health Council prepare a multiyear national plan to implement the major recommendations of the Institute of Medicine, including projected costs of such a plan. When completed, this plan should become an integral component of the national plan for schizophrenia and brain research. The Committee expects the Council report to be transmitted separately to the Committee in a manner consistent with section 406(g) of the Public Health Service Act prior to presentation of the 1991 budget request.

Mental health of the elderly.—The Committee requests that NIMH place greater emphasis in the area of mental health of the elderly. Mental health services for this population continues to be inadequate even though research has repeatedly shown that the needs are great.

The over 65 group is the fastest growing segment of the U.S. population. More than 20 percent of those 80 years of age and older suffer dementia, including Alzheimer's disease. Consequently, the Committee believes that NIMH should increase its research efforts in the important area of aging disorders. The Committee expects that a portion of the funding provided above the administration's request will be allocated to this area. The Committee has strongly supported NIMH-sponsored clinical research in geriatric mental health in the past, and urges the Institute to give priority to its efforts in this area in fiscal year 1990. The Committee will remain actively interested in following the progress of these clinical research endeavors during the coming year.

The Committee specifically recommends that NIMH work in conjunction with NIA to utilize the 1-percent set-aside (sec. 2611 of PHS Act) to conduct scientific studies to measure the impact of programs and activities assisted or conducted by the Department of Health and Human Services on the biological, medical, social, and psychological aspects of aging.

The Committee also urges NIMH to work with the NLM in disseminating information to rural health care providers on the treatment and care of patients with depression and other mental illnesses, especially those affecting women and children, as part of the NLM outreach to rural areas program.

Mental health personnel.—The Committee is concerned about the projected shortages of mental health personnel, particularly psychiatric nurses, psychologists, and psychiatric social workers, and the impact of these shortages on the delivery of quality mental health services. The Committee urges NIMH to support creative strategies to address this critical issue, such as interdisciplinary training of mental health professionals. In addition, the Committee recommends that NIMH carry out a feasibility study to describe the current mental health service providers, both professional and nonprofessional, in both public and private sectors, as well as those presently receiving mental health training.

Native Hawaiians.—For a number of years the Committee has been urging the NIMH to give significant priority to the pressing mental health needs of the native Hawaiian population. Last year the Committee and the House-Senate conferees directed NIMH to establish a native Hawaiian research and training center. Since that time, NIMH has been working closely with the native Hawaiian community and the University of Hawaii to accomplish this objective. The Committee expects to be kept informed of further developments.

Depression and manic depressive illness.—The affective disorders, including mania and various forms of depression, are among the most prevalent types of mental illness. Existing treatments can help about 80 percent of those afflicted; yet only 1 in 5 victims seeks treatment. The Committee applauds NIMH's efforts to disseminate information through its D/ART program, depression: awareness, recognition, and treatment. NIMH is encouraged to expand its efforts to educate primary health care professionals, particularly those in rural areas, about the diagnosis and treatability of depression so that a higher percentage of those affected can be treated.

Prevention.—The Committee is strongly supportive of prevention activities and expects NIMH to give a higher priority to its prevention research agenda. NIMH has not given sufficient attention to early intervention strategies. Expanded efforts should focus on psychological, environmental, and physiological focuses. Interdisciplinary efforts should be actively encouraged.

The Committee continues to be supportive of the Mental Health Clinical Research Centers Program. These centers provide specialized research support services that enable investigators to conduct cost effective and multidisciplinary studies for improving our understanding and treatment of major mental disorders.

The Committee also continues to be very supportive of NIMH research efforts targeted toward our Nation's minority population, and, in particular, the Minority Research Center Program.

Nursing research.—The Committee continues to be disappointed with NIMH's record in supporting nursing research and training programs, and has expressed its concern about this orientation on numerous occasions. It is, therefore, requested that NIMH give greater consideration to nursing in its allocation of research and training funds.

Psychotherapy.—The Committee recognizes that, in addition to basic neuroscience research, there is a need to better evaluate the efficacy of verbal psychotherapeutic treatment. Therefore, the Committee would be supportive of NIMH funding a nonbiological clinical research center to evaluate the efficacy of most used forms ofverbal psychotherapy.

Mental health research training

The Committee recommends $21,194,000 for non-AIDS mental health research training, which is $894,000 over the budget request and $1,484,000 above the 1989 level. The House included research training funds in its allocation for research.

The Mental Health Research Training Program provides training grants to institutions and fellowships to individuals, at both the predoctoral and postdoctoral levels. In addition, there are special programs targeted to minorities: the Minority Fellowship Program; and the Minority Access to Research Centers [MARC] Program, which helps institutions with substantial minority enrollment prepare students for graduate study.

The Committee urges NIMH to continue to give high priority to the Minority Fellowship Program and the MARC Program.

Mental health clinical training

The Committee recommends an appropriation of $14,500,000 for clinical training. This is $6,500,000 above the administration request, $1,656,000 above the House allowance, and $1,656,000 above the 1989 level.

The Committee continues to support the NIMH Clinical Training Program, which serves a vital purpose both in training needed mental health personnel in the now five core disciplines and in requiring them to pay back this support in an equal number of years of service to underserved areas and populations, including the seriously mentally ill, mentally disabled elderly and minorities, and children. This payback provision is a critical component of the Clinical Training Program.

The Committee is disappointed that its past directives regarding payback have been overlooked. This Committee wishes to state its clear intent that no funds under this program be awarded for which a payback obligation is not incurred.

As NIMH allocates clinical training resources to meet the needs of high-priority populations, the Committee again directs that these funds be distributed on an equitable basis across the five core mental health professions, and encourages the Institute to fund interdisciplinary training programs. NIMH should also continue its prevention training initiative as directed by the Committee and the House-Senate conferees, as well as support for the health professionals training program in the identification and treatment of alcohol and drug abuse.

The Committee remains supportive of the State Human Resources Development Program, and directs NIMH to increase funding for this program over the fiscal year 1989 level. The program should continue to support the development of the State's capacity to assess their work force needs and to develop special initiatives to resolve their work force problems. The Committee considers the program's efforts to address the work force needs of special populations such as the seriously mentally ill adult and seriously emotionally disturbed children and youth in community-based service systems, jails, and correctional institutions, and rural areas to be of the highest priority. The Committee also considers training of administrators and managers of mental health systems a high priority.

The Committee is also supportive of the Minority Fellowship Program and of interdisciplinary training initiatives. The Committee would continue to be most supportive of truly innovative projects, such as efforts to provide psychologists and social workers with training in medication issues; the Committee feels that such an approach would be especially useful for rural America where there is a very serious shortage of mental health manpower of all disciplines.

Community Support Program

The Committee recommendation includes $27,591,000 for the Community Support Program, which is $1,671,000 above the fiscal year 1989 appropriation, $1,591,000 above the House allowance, and $8,591,000 above the administration request.

This program supports demonstrations to explore effective methods of care for chronically mentally ill patients for whom long-term, 24-hour care in a hospital or protective facility is unnecessary or inappropriate, and to promote service system improvements for severely mentally disturbed children and youth.

The Committee commends the CSP for its work with State mental health agencies to improve the services and opportunities for individuals with serious mental illness. The program should continue these technical assistance efforts and their partnerships by supporting statewide systems improvement projects that enhance community treatment and rehabilitation and increase involvement of consumers and families in the process. CSP should continue to demonstrate, evaluate, and disseminate promising approaches to working with elderly persons with serious mental illness who have difficulty accessing services.

Mental health prevention services demonstrations

The Committee recommends $4,337,000 for a new prevention demonstration program to fund interventions targeted at high-risk populations such as children, adolescents, and displaced workers. This is $4,337,000 over the administration request, the House allowance, and the fiscal year 1989 amount.

The Anti-Drug Abuse Act of 1988 authorized mental health demonstration programs for providing preventive services to chronically mentally ill individuals and those at risk of developing a mental illness. Grants may be made to States and localities for prevention demonstration projects.

Research has identified a number of factors that place people at risk for developing serious mental health problems and mental illness, such as exposure to known life stressors (loss of livelihood, abuse or neglect, bereavement, school failure, etc.), genetic heritage, or physical vulnerability due to illness or disability.

The Committee is particularly concerned over reports of the increasing incidence of youth suicide. To date, no Federal funds have been allocated for suicide prevention demonstration projects. The Committee supports innovative community-based projects addressing the issue of youth suicide. The Committee expects that ADAMHA will provide at least $1,000,000 for demonstration projects to prevent youth suicide.

The Committee recognizes that Bergen County, NJ, has distinguished itself as a leader in combating youth suicide. Following the suicides of four young people from Bergen County in 1987, a task force on youth suicide prevention was established to develop a prevention strategy. With financial support from the Bergen County Freeholders, the task force has established an innovative program that involves parents, police, clergy, schools, and health professionals working together to increase public awareness, educate the community, and guide professionals working with potentially suicidal youth.

The Committee directs the Alcohol, Drug Abuse, and Mental Health Administration to provide $150,000 through the New Jersey Department of Human Services for a youth suicide prevention demonstration project in New Jersey. The Committee intends for these funds to be used to broaden this program in Bergen County and to expand appropriate sections of the program to cover other areas in the State. The Committee hopes that the program may be used as a national model for other local governments that are attempting to combat the problem of youth suicide.

The Committee recognizes that the oilspill in Prince William Sound in Alaska has had a great impact on the provision of social services in the State, particularly in the municipality of Anchorage, which is a major population center in the State. The Committee has received documentation that as a direct result of the oilspill, alcohol and drug-related crisis calls have increased threefold. The Committee, therefore, recommends $170,000 for additional crisis intervention services in Anchorage required as a consequence of the oilspill, such as provided by the nonprofit program Crisis, Inc.

Homeless services demonstrations

The Committee provides $6,100,000 for research demonstrations of mental health services to the homeless. This is $1,506,000 more than the fiscal year 1989 amount, the same as the House allowance, and $5,400,000 less than the amended administration request.

These research demonstration grants were authorized by the Stewart B. McKinney Homeless Assistance Act to provide coordinated systems of mental health, social support, and housing services for the homeless and to test targeted approaches for homeless children and adolescents with severe emotional disturbances.

Protection and advocacy system for the mentally ill

The Committee has provided $14,144,000 for the program of protection and advocacy for the mentally ill. This amount is $3,589,000 higher than the administration request, and $1,300,000 above the House allowance and the fiscal year 1989 level.

This program seeks to ensure that the rights of mentally ill individuals are protected while they are inpatients in treatment facilities and for 90 days following discharge from such facilities.

The Committee rejects the administration's proposal to cut and eventually phase out Federal funding for the protection and advocacy system for the mentally ill. The Committee has repeatedly rejected similar proposals in the past and has instead provided increased funding to ensure that the rights of mentally ill persons are protected. The Committee fully supports the provisions of Public Law 99-319 as amended by Public Law 100-509 and the Federal responsibility mandated in the law.

Mental health direct operations

The Committee has provided $40,714,000 for mental health direct operations, including AIDS, which is $914,000 less than the administration's budget request, $86,000 above the House allowance, and $1,485,000 above the fiscal year 1989 appropriation.

The Institute's Direct Operations Program provides staff support for the administration of the grant and contract programs within extramural research, research training, and clinical training. It also provides staff and operating expenses to support the Community Support Program and protection and advocacy activities.

Drug abuse research

The Committee has provided $156,093,000 for non-AIDS drug abuse research, which is $4,892,000 more than the budget request and $10,890,000 more than the fiscal year 1989 amount. The House did not provide separate funding for non-AIDS drug abuse research.

NIDA funds intramural and extramural research on the causes and consequences of drug abuse, collects information on the incidence of drug abuse, and supports prevention and treatment research.

The Committee is distressed at the lack of evaluation data concerning effective treatment modalities, and urges NIDA to give highest priority to research on developing more effective drug abuse prevention and treatment programs.

The Committee is concerned that current surveys are not portraying accurately the extent of drug use in the Nation. The Committee is encouraged by NIDA's attempts to refine current assessments of drug abuse. The Committee again states its support for NIDA to modify the annual survey of drug use among high school seniors so that it reaches those of high school age who may not be in school. In addition, the Committee urges NIDA to study the possibility of including children under the age of 12 in the triennial household survey, since it appears that drug abuse before the age of 12 is not unusual in many communities.

The Committee feels strongly that research into the behavioral and psychological factors that may cause drug dependence must be increased in order to develop effective treatment and prevention techniques.

Treatment demonstrations

The Committee recommends $7,500,000 for drug abuse treatment demonstrations, which is $500,000 more than the administration request, the House allowance, and the fiscal year 1989 amount.

NIDA demonstration projects provide grants and contracts for effective treatment and referrals for treatment to individuals who are abusing drugs. Funding will continue program demonstrations involving IV drug abusers; pregnant and postpartum women and their infants; and drug treatment with vocational training.

Drug abuse research training

The Committee has provided $2,489,000 for non-AIDS drug abuse research training, which is $118,000 more than the fiscal year 1989 appropriation and $63,000 more than the administration budget request. The House included research training funds with drug abuse research.

NIDA's Research Training Program supports pre- and postdoctoral training in medical schools, universities, and other institutions in the areas of basic, clinical, behavioral, and epidemiological research.

The Committee is concerned about the impending shortfall of scientists, particularly behavioral scientists, as identified by the Institute of Medicine's 1985 report on personnel needs and training.

Drug abuse direct operations

The Committee has provided $21,544,000 for drug abuse program support including AIDS. This amount is the same as the budget request, the House allowance, and $3,630,000 more than the 1989 appropriation.

These funds support staff responsible for the administrative management of NIDA's research and training programs.

Alcoholism research

The Committee has provided $111,630,000 for non-AIDS alcoholism and alcohol abuse research. This amount is $5,835,000 more than the administration request and $10,037,000 above the fiscal year 1989 appropriation. The House did not provide separate funding for non-AIDS alcoholism research.

The NIAAA research program focuses on improving the treatment and prevention of alcoholism and alcohol-related problems. Research is supported through project grants, the National Research Centers Program, contract studies in special areas of need, and an intramural program of biological and clinical research.

The Committee is encouraged by rapid advances in the field of alcoholism research, and has provided a substantial funding increase to allow for additional research grants to be made. The Committee is especially interested in research in the field of alcoholism and pregnancy. High priority should also be given to evaluation of alcoholism treatment modalities. The Committee expects that a portion of the increase provided will be directed toward these areas.

The Committee supports increased research on the behavioral determinants and factors associated with alcohol abuse and alcoholism. The Committee again expresses its support for research on the behavioral aspects of alcohol abuse with respect to specific populations, such as American Indians.

Homeless substance abuse demonstrations

The Committee recommends $9,090,000 for homeless substance abuse research demonstrations, which is $4,545,000 over the 1989 amount, $910,000 below the House allowance, and $7,910,000 less than the amended administration request.

The research demonstration grants, authorized by the Stewart B. McKinney Homeless Assistance Act, test innovative approaches to community-based services programs for substance-abusing homeless persons. The projects include outreach services, supportive living programs, case management, prevention interventions, and training for service providers.

The Committee is very concerned that alcohol and other drug problems are rapidly emerging as major issues in developing and evaluating effective programs for the homeless, particularly in inner cities such as Philadelphia. In fact, the Committee recognizes that the growing incidence of alcohol and drug problems is both a cause and an effect of homelessness. In addition, many homeless individuals and families are poorly educated, lack marketable job skills, and frequently exhibit symptoms of mental illness as well as other health problems.

The Committee has provided $9,090,000 for the homeless research demonstration programs funded under the NIAAA in consultation with NIDA. Within this appropriation, the Committee urges the ADAMHA to fund a comprehensive research demonstration project that seeks to generate new knowledge about the effectiveness of service interventions for homeless individuals with alcohol and other drug problems. These interventions should include outreach services; case management; detoxification services; counseling by drug and alcohol counselors in shelters, crisis centers, and outpatient alcohol and drug treatment facilities; supportive housing; and community systems-level interventions. These and other support services should be designed to reduce or eliminate alcohol and other drug use in this population; facilitate the ability of homeless individuals to move into permanent independent housing, and achieve eventual job placement.

The Committee recognizes that the municipality of Anchorage, AK, the State's largest population center, will sustain a large influx of formerly employed oilspill workers as a result of the cleanup of the oilspill in Prince William Sound. The Committee notes with concern that the Clitheroe Detoxification Center closed July 1 due to the necessary diversion of State and local funds from the center to oilspill-related services. The Committee recognizes the urgent need of detoxification and treatment services for homeless individuals in the municipality of Anchorage, and, therefore, recommends that the Department give careful consideration to applications from Alaska in light of its recent experience with the oilspill.

Alcoholism research training

The Committee has provided $2,802,000 for non-AIDS alcoholism research training. This is $122,000 more than the administration request and $183,000 more than the appropriation for fiscal year 1989. The House included research training funds with alcoholism research.

NIAAA research training support is provided through individual fellowships and grants to training institutions. Emphasis is placed on postdoctoral research training.

Alcoholism direct operations

The Committee has provided $10,834,000 for alcoholism direct operations, including AIDS. This is the same as the administration request and the House allowance, and $1,213,000 over the fiscal year 1989 amount. The funds support staff responsible for the management of the extramural research and research training programs, as well as the grant and contract review process.

Office of Substance Abuse Prevention

The Committee recommends $114,966,000 for the Office of Substance Abuse Prevention [OSAP], $37,663,000 over the House allowance, $45,113,000 more than the 1989 level, and $7,663,000 more than the administration request. Of this amount, $105,156,000 is allocated for demonstration projects and training, and $9,810,000 is designated for direct operations.

OSAP was created in the Anti-Drug Abuse Act of 1986 to consolidate, coordinate, and support ADAMHA's ongoing drug and alcohol abuse prevention program activities, as well as to administer demonstrations for prevention and treatment among high-risk youth. The Anti-Drug Abuse Act of 1988 significantly expanded the scope and functions of OSAP, establishing it as a fourth separate entity within ADAMHA, increasing its responsibilities to include four new programs, and broadening its mandate toward a more communitywide focus.

Demonstrations.—The sum of $57,856,000 is provided to support demonstration projects targeted to high-risk youth, pregnant addicts and their infants, and the State and community prevention grant programs. Included in this amount is $15,000,000 as requested by the administration for the community youth activity program.

OSAP demonstrations use a combination of mechanisms including competitive project grants, block grants to States and territories, and program contracts.

Community prevention grants.—The Committee has provided $40,000,000 for a new program of community prevention grants. This amount is $5,000,000 more than the amended administration request and $35,000,000 over the House allowance.

The Committee has heard from a range of expert witnesses that prevention is the most effective method of fighting drug abuse, and by far the most cost effective. The Committee applauds the administration's interest in community-based prevention programs, developed by communities and tailored to their unique needs.

The Community Prevention Program funds will be awarded to community-based coalitions representing parents, schools, business, academia, and youth or other at-risk individuals. Communities will convene prevention coalitions, coordinate public- and private-sector resources, and develop and implement model prevention action plans to provide support services, counseling, employment assistance, and other prevention activities. Emphasis will be placed on substantial voluntary participation in the community and evaluation of programs to determine their effectiveness. It is expected that the models developed could be replicated in additional communities throughout the Nation.

The Committee is aware of the organization Partners in Alliance for Community Enrichment [PACE] in Des Moines, IA. PACE has a developed program of after care for individuals on probation and parole with a history of drug abuse. The Committee believes that PACE would serve as an excellent demonstration and should be considered favorably for a communty prevention grant.

The Committee has provided funds for 200 demonstration grants. It is the Committee's intent that OSAP will place a high priority on proposals developed by communities where drug abuse is growing but may not yet have reached crisis proportions. It is the Committee's belief that these communities stand the best chance of benefiting from prevention activities.

Clinical training.—The Committee recommends $7,300,000 for clinical training, $2,000,000 more than the administration request, $2,000,000 over the House allowance, and $2,300,000 over the fiscal year 1989 amount.

The Anti-Drug Abuse Act of 1988 specified that $5,000,000 of funds appropriated in fiscal year 1989 be used for substance abuse clinical training programs and medical education. The OSAP received $3,000,000 to initiate a national training system to provide continuing education in alcohol and other drug abuse education courses for substance abuse counselors, health professionals, social workers, and community organization staff. The remaining $2,000,000 provides support for an Alcohol-Drug Health Professions Education Program jointly sponsored by NIAAA and NIDA. This program focuses on the development and implementation of curriculum and effective models of training for health professions institutions.

After 1 year in the planning and development stages, the national training system will begin operating in early fiscal year 1990. This system will focus on developing new training packages and modifying existing training manuals using information obtained from a needs assessment study. The system will also begin training a national network of trainers who, in turn, will train other staff and begin developing collaborative relationships with associations that can assist OSAP in creating a responsive training system. During fiscal year 1990, between 3,000 to 5,000 health professionals (including physicians, nurses, social workers, and substance abuse counselors) and community-based providers will be trained. The funds provided will continue the OSAP continuing education and curriculum development programs.

It has been estimated that there are currently about 25,000 active substance abuse counselors. However, estimates also indicate that twice as many counselors are needed to provide for the problem at hand.

Recognizing that there is a shortage of trained substance abuse counselors in the face of an urgent national need to address a growing problem of substance abuse, the Committee has provided $2,000,000 for support for innovative, interdisciplinary programs training substance abuse counselors. The Committee wishes to support programs that equip students with an increased awareness of the social and psychological factors associated with substance abuse, an understanding of the theoretical constructs used to explain or predict substance abuse behavior patterns, and the clinical skills required to deal with this behavior. The Committee is especially supportive of fostering a team approach and cooperative relationships between professions and between referral networks dealing with these problems.

The Committee is aware that the University of Iowa has had a long-standing program in substance abuse counseling in which students combine substance abuse expertise with existing programs such as school counseling, vocational rehabilitation counseling, and college student personnel, to focus upon this problem. The Iowa program combines a strong academic program including treatment approaches, marriage and family counseling, and psychology with a clinical practicum under the supervision of a certified substance abuse counselor. Such a strong program makes this an excellent site for training programs.

Direct operations.—The sum of $9,810,000 is provided for OSAP direct operations. This is the same as the administration request and the House allowance, and $1,125,000 over the fiscal year 1989 amount.

This portion of the account supports a communications initiative, including the National Clearinghouse for Alcohol and Drug Information and media campaigns; a prevention implementation initiative, which provides technical assistance to parent and youth organizations, minority organizations, and the local chapters of national organizations; and evaluation of the high-risk youth demonstrations.

Treatment outcome evaluations.—The Committee recommends $7,257,000 for treatment outcome evaluations, which is the same as the administration request, $4,751,000 over the House allowance, and $4,975,000 more than the fiscal year 1989 level.

This research is designed to evaluate the most effective forms of alcohol and drug abuse treatment, such as inpatient versus outpatient, for specific patient groups, such as cocaine abusers.

Buildings and facilities

The Committee concurs with the administration's request and the House allocation in providing $198,000 for buildings and facilities, the same as the appropriation for fiscal year 1989.

This activity provides funds for repair and improvement of all ADAMHA intramural facilities.

Program management

The Committee has provided $10,312,000 for ADAMHA program management. This is $248,000 below the budget request and the House allowance, and $937,000 more than the appropriation for fiscal year 1989. The program management activity provides support for the Office of the Administrator, which is responsible for providing policy guidance, coordination, and general support services to the ADAMHA Institutes. The office also administers the ADAMHA block grant programs.

The Committee continues to be very concerned that the percentage of women and minorities being appointed to ADAMHA advisory committees has continued to decrease in the past several years. The Committee, therefore, directs that greater consideration be given to nominating such professionals, and that ADAMHA aggressively pursue such appointments. Finally, the Committee requests that the Associate Director for Underserved Populations Concerns give an annual report to Congress addressing the status of minority involvement in ADAMHA task forces and committees.

ST. ELIZABETHS HOSPITAL

Appropriations, 1989	$23,712,000
Budget estimate, 1990	18,000,000
House allowance	18,000,000
Committee recommendation	18,000,000

The Committee has provided $18,000,000 for St. Elizabeths Hospital. This is the same as both the administration budget request and the House allowance, and $5,712,000 less than the fiscal year 1989 appropriation.

The District of Columbia has assumed responsibility for the operation of St. Elizabeths Hospital pursuant to the transfer mandated in Public Law 98-621, the St. Elizabeths Hospital and District of Columbia Mental Health Services Act. The Federal appropriation is a transitional payment to the District. The final transitional payment will be made in fiscal year 1991.

St. Elizabeths Hospital continues to be eligible to receive payments from three other Federal sources: Medicare, Medicaid, and reimbursements for the care of Federal beneficiaries.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

PUBLIC HEALTH SERVICE MANAGEMENT

Appropriations, 1989	$59,631,000
Budget estimate, 1990	83,845,000
House allowance	95,345,000
Committee recommendation	66,645,000

The Committee recommends an appropriation of $66,645,000 for the Public Health Service management activity. This is $17,200,000 less than the administration request, $28,700,000 less than the House allowance, and $7,014,000 more than the fiscal year 1989 appropriation of $59,631,000.

The Public Health Service management appropriation supports the two major responsibilities of the Office of the Assistant Secretary for Health [OASH]. The first of these functions is the leadership and direction of the Public Health Service [PHS] agencies. Plans and strategies for accomplishing national health goals are formulated in cooperation with the agencies for implementation throughout PHS. The second major function is the operation of several high-priority programs within OASH that have a variety of missions and responsibilities.

Health services research and technology assessment

The Committee recommends an appropriation of $15,846,000 for Health Services Research and Technology Assessment Program operations, together with a Medicare trust fund transfer of $1,037,000, for a total budget of $16,883,000. This total is $2,000,000 more than the administration request and the House alowance, and $8,805,000 less than the fiscal year 1989 appropriation.

This program seeks to create new knowledge and a better understanding of the processes by which health services are made available, and how they may be provided more efficiently, more effectively, and at lower cost. Funds are used to evaluate health services, assess technologies, and improve access to new scientific and technical information for research users.

The Committee recommendation includes funding for the national medical expenditures survey [NMES] and the Hospital Studies Program. The Committee has once again included bill language directing the Department to transfer up to $11,154,000 from the evaluation fund available under section 2611 of the Public Health Service Act for the support of NMES. The section 2611 funds, in conjunction with the funds provided in the center's budget, will assure full funding for this survey. Up to $3,527,000 may be transferred to support hospital studies.

The Committee notes that dramatic changes have occurred in the organization, financing, and delivery of dental care as well as in population demographics and dental disease rates. Understanding these changes and their impact on health care is vital to maintaining high-quality care while improving the cost-effectiveness of and accessibility to our Nation's oral health care delivery system.

The Committee continues to believe NCHSR is an appropriate locus of dental health services research, and intends that NCHSR continue to fund dental health services research projects in fiscal year 1990. The Committee requests that NCHSR provide the Committee with a detailed list of the dental health services research projects funded by NCHSR by March 1, 1990.

User liaison program

The Committee is pleased with the work of the Office of State and Local User Liaison, which gives policymakers at the State and local levels access to the results of health services research. The Committee encourages the office to broaden its focus to include county government in both the content of its workshops and in the audience attending these workshops.

The Committee is concerned that while the office is devoting increasing attention to disseminating research on issues related to the AIDS epidemic, dissemination of information on other critical health issues such as rural health care, children's health, and long-term care should also continue. The Committee has included an additional $500,000 over the fiscal year 1989 amount in contract funds for the User Liaison Program to conduct workshops for State and local government policymakers. In addition, the Committee hopes that the User Liaison Program can be used to disseminate information to State and local policymakers on the effectiveness and appropriateness of health services.

Rural health research

The Committee recommendation includes $1,500,000 to the National Center for Health Services Research [NCHSR] to continue research on the congressionally mandated rural health research agenda developed by the NCHSR.

The Committee is pleased with the efforts of the NCHSR to develop the capacity of education institutions located near rural areas to conduct rural health research, and urges the NCHSR to continue to support research at rural institutions. The Committee is pleased with the current efforts of NCHSR to encourage investigator-initiated research proposals from researchers with strong ties to rural communities and the technical support it has provided to the five rural health research centers funded through the Office of Rural Health Policy. The Committee encourages NCHSR to continue these efforts and to use up to 5 percent of these funds to provide technical assistance to rural researchers and institutions to improve their capacity to develop and refine scientifically sound research proposals. The Committee further urges the NCHSR to coordinate its rural health research with rural research conducted under the auspices of the Office of Rural Health Policy.

The Committee recommendation includes $1,693,000 for program support for NCHSR. This is the same as the administration's budget request and the House allowance, and $33,000 above the fiscal year 1989 appropriation. These funds support planning, coordination, and management of the various health service research programs.

Adolescent family life

The Committee recommends an appropriation of $9,529,000 for the Adolescent Family Life Program. This is the same as the administration request and the same as the fiscal year 1989 appropriation. This program was not considered by the House, as the authorization for the program expired September 30, 1985. The objective of the Adolescent Family Life Program is to develop effective family-centered demonstration models designed to prevent adolescent pregnancy.

Disease prevention and health promotion

The Committee recommends $4,496,000 for disease prevention and health promotion. This is the same as the administration request and the House allowance, and $50,000 more than the fiscal year 1989 appropriation. The disease prevention and health promotion activity facilitates collaboration between Federal and non-Federal groups to develop and implement national strategies and programs to prevent disease and disability and promote good health.

The Committee notes with appreciation that after 4 years of work that the U.S. prevention services task force released its final report, "Guide to Clinical Prevention Services." This expert panel of scientists and clinicians concluded that substituting behavioral interventions in ways to maintain good health is more likely to reduce morbidity and mortality in this country than any other category of clinical intervention. The Committee congratulates HHS on this initiative.

Physical fitness and sports

The Committee recommends an appropriation of $2,503,000 for physical fitness and sports activities. This is 1,000,000 over the administration request and the House allowance, and $1,022,000 more than the fiscal year 1989 appropriation.

The Physical Fitness and Sports Program provides staff support and assistance for the President's Council on Physical Fitness and Sports. Through continuing contact with national governing bodies, the Council seeks to enlist the active support and assistance of individuals, civic groups, professional associations, sports groups, and others to promote and improve the health of all Americans through regular participation in physical fitness and sports.

The Committee recognizes the contributions of the Special Olympic movement in this Nation and internationally. This group and its supporters have demonstrated that each person has special abilities, and allowed many citizens to realize that they can achieve recognition in sports. The Committee has included $1,000,000 to cover the cost of conducting the 1989 Lake Tahoe International Winter Special Olympics.

Minority health

The Committee recommends $3,022,000 for the Office of Minority Health. This is the same as the administration request, $1,500,000 less than the House amount, and $58,000 more than the fiscal year 1989 appropriation.

The Office of Minority Health is the focal point for developing policies affecting minority health and implementing the recommendations of the Secretary's task force on black and minority health.

The Committee continues to support the Office of Minority Health and CDC coordinating with minority community-based organizations to target AIDS education and prevention activities toward minority populations.

National vaccine program

The Committee has provided $4,500,000 for the national vaccine program. This is $4,500,000 more than the administration request and the fiscal year 1989 amount, and $5,500,000 less than the House allowance.

The Committee has provided $500,000 to coordinate the activities of the national vaccine program and $4,000,000 for additional basic and applied research and clinical trials of pertussis vaccines. The Committee strongly supports the development and approval of new acellular pertussis vaccines to replace the current whole cell vaccines. The Committee believes there is a need for one or more well designed, controlled clinical trials to ascertain which among the candidate pertussis vaccines, including several being investigated by the National Institutes of Health and others that have been used in Japan, are appropriate for licensure in the United States.

The National Vaccine Program Interagency Group should make recommendations concerning a small number of candidate vaccines to be tested in clinical trials that approximate the vaccination schedule employed in the United States. The trials should also include a comparison with the currently-used whole cell vaccines to determine relative efficacy. The Committee urges that such recommendations be finalized and the trial or trials commenced as soon as possible.

The availability of acellular vaccines is an urgent health care priority. While the Committee is interested in a coordinated effort to identify appropriate candidate vaccines and to begin additional clinical trials, the Committee does not wish by this action to impede possible approval of any acellular pertussis vaccines currently under review by the Food and Drug Administration.

Public Health Service Management

The Committee recommends an appropriation of $19,930,000 for Public Health Service management activities. This is $300,000 more than the administration request and the House allowance, and $1,232,000 more than the fiscal year 1989 appropriation.

The Public Health Service management activity provides funding for the offices that support the Assistant Secretary for Health in providing leadership and direction to the Public Health Service [PHS].

PHS management

In fiscal year 1989, the Committee included additional funds to allow this activity sufficient resources to manage the increasing responsibilities of the Public Health Service. The Committee continues to be concerned that the fiscal year 1990 budget include the necessary resources for the Assistant Secretary for Health to continue to manage the diverse and complex programs of PHS effectively.

The Committee wishes to note the recent appointment of Dr. James O. Mason as the Assistant Secretary for Health. The Committee is pleased to have this opportunity to continue the close working relationship that was developed while he was the Director of the Centers for Disease Control.

The Committee is aware that the Assistant Secretary for Health has taken on additional responsibility in the implementation of the Stewart B. McKinney Homeless Assistance Act. This responsibility is to make sure that certain Government-controlled properties are made available to private nonprofit organizations, units of local government, and States to operate the properties as facilities for the homeless. The implementation of the McKinney Act and subsequent court orders have generated a tremendous increase in staff workload for this labor-intensive function. The Committee wants to make sure that the Assistant Secretary for Health has the resources and capacity to be responsive to the requirements of the McKinney Act.

In view of the above, the Committee allowance includes $19,930,000 and 280 full-time equivalents for the PHS management activity. This increase of $300,000 and seven FTE's over the fiscal year 1990 request will provide funds and staff to enable the Assistant Secretary for Health to carry out the additional responsibilities related to the implementation of the McKinney Act and to more effectively manage the PHS programs, including its many crosscutting activities.

The Committee views with continuing displeasure efforts to alter the mission of the Alcohol, Drug Abuse, and Mental Health Administration [ADAMHA] to reduce the services components of ADAMHA's operations. The Committee believes that service activities, including administering the alcohol, drug abuse, and mental health services block grant and conducting services research and demonstrations, are essential to ADAMHA's fulfilling its congressionally approved joint mission of services coupled with research. The Committee notes that any attempt to reorganize or change the functioning of ADAMHA undertaken without the consultation and express consent of the Congress would be met with disapproval and specifically directs the Department to ensure that this does not occur during fiscal year 1990.

The Committee urges the Assistant Secretary for Health, who is responsible for the activities of the Public Health Service, to pay increased attention to the Alcohol, Drug Abuse, and Mental Health Administration to see that ADAMHA continues to operate as intended by Congress.

The Committee has included funding through the Health Resources and Services Administration to continue the important Pacific Basin public health initiative. It is the Committee's intent that the San Francisco regional health administrator and his immediate staff remain responsible for administering this initiative and further, that professional nursing also remains a high priority. The Department is directed to ensure that the San Francisco regional office personnel have sufficient expertise to administer this initiative.

It is the Committee's intent that the regional staff will work closely with the Pacific Basin Health Services Council, an entity established by the Governor of the State of Hawaii, in order to ensure that appropriate attention is given to the recommendations of the public health leadership of the Pacific Basin in establishing this year's programmatic priorities.

The Committee directs the Department to undertake a detailed review of the programs, and the dollars spent on those programs, of research, public and professional education, and health promotion aimed at reducing the prevalence of osteoporosis. The Committee directs the Department to provide, not later than March 30, 1990, a report detailing the resources devoted to osteoporosis. This report will include a listing of specific osteoporosis projects in health promotion, public and professional education, and research, with a dollar amount spent for each.

The Committee directs that training programs administered by ADAMHA, HRSA, and OHDS give priority to training social service, public health, and medical professionals to identify, intervene, and provide care or referrals for treating women of childbearing age and high-risk youth with substance abuse problems. The Committee requests that OASH report to the Committee within 12 months on the number of professionals trained and the nature and duration of the training.

The Committee has included $1,000,000 for the Bioscience Center at the University of Kansas.

Acquired immune deficiency syndrome [AIDS]

The Committee recommends $16,348,000 for AIDS-related activities. This is $3,078,000 more than the fiscal year 1989 appropriation, and $25,000,000 less than the administration request and the House allowance. The Committee has not provided funds for a contingency fund.

The National AIDS Program coordination staff advises the Secretary of Health about, and provides coordination for, the Public Health Service AIDS activities.

The Committee is aware that the Office of Technology Assessment, the General Accounting Office, and the President's AIDS Commission have indicated that scientific evaluation of AIDS prevention programs is one of the most critical gaps in our AIDS prevention efforts. In order to assess the efficacy of prevention efforts and to design effective programs to share information about successful efforts with other communities around the Nation, the Committee believes that CDC and ADAMHA should link their efforts in research and evaluation. The Committee expects the OASH to report on the progress of cooperative efforts when appearing before the Committee next year.

The Committee is concerned about HIV education and prevention efforts in the Native American populations in light of several studies identifying the high risk of HIV infection among Native Americans. Further, the Committee believes there is a tremendous opportunity to contain the spread of HIV among Native populations through use of existing community networks.

The Committee recommends that the Public Health Service develop and implement a broad-scale, comprehensive model program to address HIV education and risk reduction in the Native American population. This program should be designed and implemented in cooperation with the IHS, BIA, universities, and State and local goverments. Participation of the tribes is essential. In developing the model program, the Committee urges the PHS to include an evaluation component to identify effective education and risk reduction efforts in this population.

The Committee is concerned that sustaining care of individuals with HIV-related illness is placing a severe burden on the public health system, and impacting access to care for other indigent persons. The Committee requests that the OASH evaluate possible incremental improvements in health care financing that could provide both short- and long-term solutions to this grave problem, and report its findings back to the Committee. The Committee is also concerned that the study include the impact of utilization of new early intervention techniques, which may forestall increased utilization of more expensive acute care interventions.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 1989	$104,315,000
Budget estimate, 1990	110,201,000
House allowance	105,201,000
Committee recommendation	105,201,000

The Committee recommends an appropriation of $105,201,000 for commissioned officer retirement pay and medical benefits. This is the same as the House amount, $5,000,000 below the budget estimate, and $886,000 more than the fiscal year 1989 appropriation.

This is an indefinite appropriation account. This activity provides for mandatory payments to Public Health Service commissioned officers who have retired for age, disability, or specified period of service in accordance with provision of law. Provision is made in addition for the cost of medical care provided in non-Public Health Service facilities of dependents of the Public Health Service Commissioned Corps. The Committee does not approve the budget request to transform this account from an indefinite to a definite appropriation, including a contingency reserve of $5,000,000.

MEDICAL TREATMENT EFFECTIVENESS

Appropriations, 1989	....
Budget estimate, 1990	$24,000,000
House allowance	5,000,000
Committee recommendation	5,000,000

The Committee recommends an appropriation of $5,000,000 for medical treatment effectiveness studies, together with a transfer of $5,000,000 from trust funds, for a total appropriation of $10,000,000. The total including trust funds is $10,000,000 below the House allowance and $42,000,000 below the administration request. Comparable activities were funded at $5,879,000 in fiscal year 1989.

The Committee has increased funding for medical effectiveness research 70 percent over the amount available in fiscal year 1989. In providing this increase, the Committee expects NCHSR to develop an agenda for the Medical Treatment Effectiveness Program. To this end, the Committee directs NCHSR to use $200,000 of the funds provided to contract with a national, nonprofit health research organization with an established record of developing national health services research agenda for the purpose of conducting a conference to develop a 5-year plan for the medical treatment effectiveness initiative. This plan will serve as a guide to Federal policy on effectiveness research and policy analysis. The Committee expects a preliminary report to be ready by June 30, 1990, and annual reports thereafter, updating the plan for medical effectiveness and outcomes research.

The Committee anticipates that action may be taken by authorizing committees to establish a new agency to coordinate medical effectiveness and patient outcomes research activities, and which will also authorize the appropriate funds to carry out this mission. The Committee expects to receive a detailed request for medical effectiveness research activities in fiscal year 1990.

In the interim, the Committee is concerned that effectiveness studies conducted by the NCHSR, the Health Care Financing Administration, and other divisions of the Public Health Service must be coordinated through the NCHSR in order to avoid duplicative or wasteful spending. NCHSR should work with other divisions of the Public Health Service, especially NIH and CDC, to analyze and evaluate the outcomes of medical care, including the effects of biomedical and clinical research in patient outcomes and the effects of preventive mechanisms. The Committee also encourages NCHSR to include mental health treatments in effective studies.

The Committee expects that nonphysician health care providers will be included in medical effectiveness studies and urges NCHSR to collaborate with the National Center for Nursing Research on this effort. This is especially important to rural areas of our Nation, which tend to be served by nonphysician health care providers. Reports of the Office of Technology Assessment and other panels indicate that nurses and other midlevel practitioners can provide excellent quality care at costs substantially lower than that of physician care.

In conducting its effectiveness initiative, the Department should take into account the impact treatments will have on improving a patient's quality of life. Mortality and morbidity information, while important, do not present the full impact of a treatment on patient care and patients' functional status. The Committee also encourages inclusion of outcomes research on treatments that reflect innovation and scientific advances in medical practice, such as positron emission tomography.

The Committee is concerned that State and local health officials and policymakers, including the executive and legislative branches of State government, need timely access to the results of medical effectiveness studies in order to make prudent decisions. The Committee believes that the National Center for Health Services Research User Liaison Program is an ideal forum for presenting this information.

HEALTH CARE FINANCING ADMINISTRATION

GRANTS TO STATES FOR MEDICAID

Appropriations, 1989	$34,291,986,000
Budget estimate, 1990	39,136,654,000
House allowance	38,616,497,000
Committee recommendation	39,136,654,000

The Committee recommends $39,136,654,000 for grants to States for Medicaid. This amount is $4,844,668,000 more than the fiscal year 1989 appropriation, $520,157,000 more than the House recommendation, and the same as the administration's revised budget request. This amount includes $9,000,000,000 appropriated in fiscal year 1989 as an advance for fiscal year 1990. This recommendation reflects the latest current law estimates.

The Medicaid Program, which is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories, provides medical care for certain low-income individuals and families. Federal funds for medical assistance are made available to the States on the basis of a formula which determines the appropriate rate at which State program costs should be matched. The matching rate may range from 50 to 83 percent, depending on the State's average per capita income relative to the national per capita income.

Each Medicaid Program must provide a basic package of medical services, including inpatient and outpatient hospital care, health screening services to children under 21, skilled nursing facility care for persons 21 years of age or older, and physician services.

The Committee has provided an advance appropriation of $10,400,000,000 for the first quarter of fiscal year 1991. This recommendation reflects the latest available current law estimates.

PAYMENTS TO HEALTH CARE TRUST FUNDS

Appropriations, 1989	$31,227,000,000
Budget estimate, 1990	36,338,500,000
House allowance	36,338,500,000
Committee recommendation	36,338,500,000

The Committee has provided $36,338,500,000 for payments to health care trust funds. This amount is the same as the administration's request and $5,111,500,000 more than the fiscal year 1989 appropriation.

The Committee recommendation is consistent with the latest current law estimates for the three mandatory activities which comprise these payments: supplementary medical insurance; hospital insurance for the uninsured; and the Federal uninsured payment.

The Committee has provided $35,925,500,000 which is the same as the administration request, for the payment to the supplementary medical insurance trust fund. This payment provides matching funds for premiums paid by Medicare part B enrollees. The increase of $5,213,500,000 over fiscal year 1989 reflects adjustments related to increases in the cost and volume of services paid for by this trust fund, growth in the enrollee population, and increases to the contingency margin.

The Committee recommendation includes $378,000,000 for hospital insurance for the uninsured, which is the same as the administration's request and $115,000,000 less than the fiscal year 1989 comparable appropriation. This payment reimburses the hospital insurance trust fund for Medicare benefits to individuals who have not met the insured status requirement.

The recommendation also includes $35,000,000 for the Federal uninsured benefit payment, which is the same as the administration's request and $13,000,000 more than the comparable fiscal year 1989 appropriation. This payment reimburses the hospital insurance trust fund for the cost of benefits provided to Federal annuitants now eligible for Medicare.

PROGRAM MANAGEMENT

Appropriations, 1989	$93,284,000
Budget estimate, 1990	102,908,000
House allowance	101,908,000
Committee recommendation	102,908,000

The Committee recommends a Federal funds appropriation of $102,908,000 for Health Care Financing Administration [HCFA] program management. This amount is the same as the administration's request, $1,000,000 over the House allowance, and $9,624,000 more than the fiscal year 1989 appropriation.

The recommendation is in addition to $1,921,172,000 in trust funds. This amount is $20,000,000 more than the administration request and $121,468,000 more than the fiscal year 1989 appropriation.

Research, demonstration, and evaluation

The Committee has provided $57,000,000 for HCFA research, demonstration, and evaluation activities. This amount is $20,000,000 more than the administration request and $6,468,000 more than the fiscal year 1989 appropriation.

HCFA conducts studies and evaluations to measure the impact of the Medicare and Medicaid Programs on health care costs, and to produce information on alternative strategies for reimbursement, coverage, and program management. These studies are conducted with the goal of improving the administration of the Medicare and Medicaid Programs.

The recommended funding level will provide for the continuation of research, demonstration, and evaluation activities, as well as for the startup of new projects, including those mandated by Congress. Priority areas of research include quality of care measurements, physician payment methodology, and effects of the new benefits provided under the catastrophic legislation.

The Committee understands that a portion of the funds recommended for medical effectiveness research within the Public Health Service will be earmarked for Health Care Financing Administration activities in support of the departmentwide initiative. The Health Care Financing Administration has an important part to play in the development of usable data for effectiveness research as well as in other aspects of the initiative. Both fiscal prudence and an overriding concern for the quality of care rendered to Medicare and Medicaid beneficiaries dictate that the Health Care Financing Administration vigorously pursue an effort that promises to identify what works in medicine and under what circumstances.

The Committee has included $20,000,000 to continue and expand rural hospital transition grants, compared to the $12,000,000 House allowance. This program was initiated in fiscal 1989 with $8,892,000, but the administration did not request funding for its continuation. The Committee recommendation provides second-year funding for 160 to 180 grants to be awarded in fiscal 1989, as well as sufficient funds for an expanded second round of new grants in fiscal 1990. More than 700 rural hospitals have already applied for these grants, which provide up to $50,000 for up to 2 years to plan and implement projects to improve health care for Medicare beneficiaries.

Medicare contractors

The Committee recommends $1,439,013,000 for Medicare contractors. This amount is the same as the administration request, $77,425,000 more than the fiscal year 1989 appropriation, and $80,987,000 less than the House allowance. In addition, the Committee has provided a $100,000,000 contingency fund, as requested by the administration.

The Committee notes that in recent years Medicare expenditures have increased significantly. The Committee is concerned that a significant portion of this increase can be attributed to wasteful and abusive practices and that the administration has nonetheless proposed a sizable reduction of over $133,000,000 in Medicare contractors' fiscal year 1990 budgets for payment safeguard activities. Payment safeguard activities, which include medical and utilization reviews, provider audits, and identification of Medicare secondary payer cases, are extremely cost effective in identifying wasteful and abusive practices. In recent years, every dollar spent for payment safeguard activities has resulted in a return of over $8.

At the subcommittee's special hearing in February 1989, individuals representing GAO, the Department of Health and Human Services' Office of Inspector General, and the Medicare contractors testified that reductions in safeguard activities would be penny wise and pound foolish. The Committee agrees that reductions in payment safeguard activities do not make sense and funds for this activity should be restored. The Committee will consider such funding once an amended administration budget request for fiscal year 1990 is received, so that necessary amounts will not have to come at the expense of other programs.

The Medicare Program is primarily administered by the Medicare contractors who are responsible for reimbursing Medicare beneficiaries and providers in a timely and fiscally responsible manner. These contractors, usually insurance companies, provide information, guidance, and technical support to both providers of services and beneficiaries on the administration of the Medicare Program.

State survey and certification

The Committee recommends $99,000,000 for HCFA State survey and certification activities in fiscal year 1990. This amount is equal to the administration request and $31,659,000 more than the fiscal year 1989 appropriation. The Committee views this level of funding as necessary to permit the Health Care Financing Administration to carry out its expanded mission under the Clinical Laboratory Improvement Amendments of 1988 as well as its other important survey activities.

The Committee has provided a $6,558,000 direct appropriation for State certification program support. This amount is the same as the administration's budget request and $2,385,000 more than the fiscal year 1989 appropriation.

Federal administration

The Committee recommends $82,350,000 in Federal funds and $246,717,000 in trust funds for a total of $329,067,000 for Federal administration (assuming user fee collections of $283,000). The recommendation is the same as the administration request and $14,340,000 more than the fiscal year 1989 appropriation of $314,727,000. In approving the administration's request for administrative funding in full, the Committee has provided funding sufficient to support the administration's requested staffing level of 4017 full-time equivalent positions.

The Committee recommends that additional staff be utilized in the Medicare program to process applications for exceptions and/or adjustments to target rate limits imposed under the Tax Equity and Fiscal Responsibility Act of 1982. Many hospitals and distinct part units excluded from the Medicare prospective payment system, particularly those providing rehabilitation services, have experienced higher per-discharge costs because of longer lengths of stay and increased intensity of service. Often this is a result of earlier discharges of patients as a result of the prospective payment system. The only way that such costs can be recovered by the hospital or unit is by an exception and/or adjustment from HCFA. The Committee understands that decisions on many such applications have not been forthcoming in a timely manner because of limited staff at HCFA and Medicare fiscal intermediaries.

The Committee has been informed of a problem affecting the ability of States and the Federal Government to protect the health, safety, welfare, and rights of residents of nursing facilities operated by multifacility owners. It appears that patterns of problems may exist in nursing homes owned by a single owner. While there is some evidence of problems across State lines, State action is often limited to a facility-by-facility basis and Federal action rarely takes into account nationwide practices of a nursing home group. To assist the Committee in assessing this issue, the Committee directs the Health Care Financing Administration to prepare a report by April 1, 1990, that will identify the scope of problems related to the extent to which patterns of poor practice exist among nursing facilities by ownership category and the extent to which State and/or Federal nursing home enforcement activities fail to address these problems among. This report should also discussion options for: (1) assisting States in utilizing their enforcement authority more aggressively in situations where there has been a pattern of poor practice by multifacility owners; (2) strengthening Federal regulatory activities in this area; and (3) reporting nursing home deficiencies on a State-by-State and ownership category basis.

In recent years, the Health Care Financing Administration [HCFA] in its in-house operations as well as through States and contractors, has become more and more reliant on sophisticated automated data processing systems to carry out its mission of validating and processing medical claims under the Medicaid and Medicare programs. Because ongoing and future growth of these systems is expected to continue, the Committee is increasingly concerned with the cost implications of operating and maintaining a comprehensive, coordinated information resources management program. To establish a baseline for assessing automatic data processing activities, the Committee directs HCFA to prepare a comprehensive agencywide inventory of its information resources expenditures for fiscal year 1990. This inventory should include Medicaid, Medicare, and headquarters systems operations costs and be based on all aspects of its mission, including funds provided for State- and contractor-related expenditures. Further, an August 1989 GAO report indicates that HCFA lacks a comprehensive information resource management plan for effectively and efficiently meeting its program objectives. Because of the long-range cost implications of such recent ADP system initiatives as the catastrophic health insurance and common working file projects, the Committee believes that HCFA should prepare a comprehensive information resources plan that details HCFA's anticipated automatic data processing needs and requirements. This plan should include information on: (1) alternatives for meeting these requirements; and (2) the interrelationship of its major systems. The inventory requested above and HCFA's timetable for developing a comprehensive information resources management plan should be submitted to the Committee by February 1, 1990.

The Committee recommendation includes sufficient funding for a study comparing the fiscal impact of direct billing practices and nondirect billing practices, as it pertains to laboratory services. The Committee expects the study to compare data from an appropriate number of direct billing States and nondirect billing States, as well as analyze other socioeconomic issues relevant to the needs of this study.

The Committee urges HCFA to fund a research and demonstration project to evaluate training of primary care residents providing care for indigent patients under a capitated program through a Medicaid State waiver with a preponderance of minority patients.

The Committee urges the Health Care Financing Administration to utilize a portion of the increase provided for beneficiary communications activities to establish a Medicare assistance demonstration program in Social Security field offices in four States. Approximately 50 Medicare coordinators, who would be Social Security employees for which the Health Care Financing Administration would provide technical training, would have the following responsibilities: assist beneficiaries in filing Medicare benefit reimbursement claims and appeals; train staff and volunteers at various senior organizations to assist in filing claims and appeals; provide public information outreach including radio and TV shows related to Medicare entitlement; and identify and recommend changes to eliminate Medicare bureaucratic obstacles and streamline the Medicare claims and appeal process.

Public Law 100-203 (the Omnibus Budget Reconciliation Act of 1987), section 4094(a) states that each Professional Review Organization "* * * shall take into account the special problems associated with delivering care in remote rural areas, the availability of service alternatives to inpatient hospitalization, and other appropriate factors (such as the distance from a patient's residence to the site of care, family support, availability of proximate alternative sites of care, and the patient's ability to carry out necessary or prescribed self-care regimens) that could adversely affect the safety or effectiveness of treatment provided on an outpatient basis."

The Committee is concerned that the Health Care Financing Administration has not implemented this section, although it has been in effect since December 22, 1987. Rural hospitals are experiencing denial of claims because HCFA has not issued guidelines to the PRO's to carry out the law. The Committee directs the Health Care Financing Administration to report to the Committee within 45 days outlining a timetable for implementation of this section of OBRA.

SOCIAL SECURITY ADMINISTRATION

PAYMENT TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 1989	$93,631,000
Budget estimate, 1990	191,968,000
House allowance	191,968,000
Committee recommendation	191,968,000

The Committee recommends an appropriation of $191,968,000 for payments to Social Security trust funds, the same as the administration request and the House allowance. The recommendation is $98,337,000 more than the fiscal year 1989 appropriation of $93,631,000.

These funds reimburse the old-age and survivors insurance and disability insurance trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs, properly charged to the general funds.

The fiscal year 1990 appropriation increase is attributable to a higher level of activity involving reimbursement to the trust funds for the value of unnegotiated checks issued through September 30, 1989, and to fund prior year adjustments.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 1989	$635,336,000
Budget estimate, 1990	648,862,000
House allowance	648,862,000
Committee recommendation	648,862,000

The Committee recommends an appropriation of $648,862,000 for special benefits for disabled coal miners, which is in addition to the

$211,000,000 appropriated last year as an advance for the first quarter of fiscal year 1990. The recommendation is $13,526,000 more than the comparable fiscal year 1989 amount of $635,336,000 and the same as the House allowance.

These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

Social Security's major responsibility is for claims filed before June 1973, with the Department of Labor having responsibility for claims filed after that date. By law, increases in black lung benefit levels are tied directly to Federal pay increases.

The Committee recommends an advance of $215,000,000 for the first quarter of fiscal year 1991, the same as the administration request and the House allowance.

SUPPLEMENTAL SECURITY INCOME

Appropriations, 1989	$9,473,953,000
Budget estimate, 1990	9,116,442,000
House allowance	9,098,758,000
Committee recommendation	9,095,758,000

The Committee recommends an appropriation of $9,095,758,000 for supplemental security income [SSI], which is in addition to the $2,936,000,000 appropriated last year as an advance for the first quarter of fiscal year 1990. The recommendation is $378,195,000 less than the comparable fiscal year 1989 amount of $9,473,953,000, $20,684,000 less than the administration request, and $3,000,000 less than the House allowance.

These funds are used to pay benefits under the SSI Program, which was established to ensure a Federal minimum monthly benefit for aged, blind, and disabled individuals, enabling them to meet basic needs. In many cases, SSI benefits supplement income from other sources, including Social Security benefits. The funds are also used to reimburse the trust funds for the administrative costs of the program with a final settlement by the end of the subsequent fiscal year required by law, support the referral and monitoring of certain disabled SSI recipients who are drug addicts or alcoholics and to reimburse State vocational rehabilitation services for successful rehabilitation of SSI recipients. The Committee understands that there have been delays in reimbursing the States because there have been higher than anticipated costs for these payments; the Committee expects the Social Security Administration to reimburse the States for any legitimate entitlement costs which they are owed for successful rehabilitations under law.

The reduction in the appropriation from fiscal year 1989 reflects the fact that only 11 monthly SSI payments will be issued in fiscal year 1990. Since October 1, 1989, falls on a Sunday, the October 1989 SSI payment will be issued in September 1989, and thus is covered by the fiscal year 1989 appropriation.

The Committee did not include $3,000,000 added by the House for research and demonstration activities; instead, a similar elderly outreach initiative is considered under the "Human development" account.

The Committee recommends an advance of $3,157,000,000 for the first quarter of fiscal year 1991, the same as the House allowance.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 1989	($3,731,398,000)
Budget estimate, 1990	(3,833,389,000)
House allowance	(3,833,389,000)
Committee recommendation	(3,847,389,000)

The Committee recommends a limitation on administrative expenses of $3,847,389,000, which is $14,000,000 over the administration request and the House allowance. This is an increase of $115,991,000 over the comparable fiscal year 1989 limitation amount of $3,731,398,000. The additional funds will cover mandatory salary and benefit increases, higher building service costs, increased disability State agency costs and funds for software improvements and hardware capacity upgrades which are needed to enable the Social Security Administration [SSA] to maintain and improve service to the public.

This account provides resources from the Social Security trust funds to administer the Social Security retirement and survivors and disability insurance programs, certain Social Security health insurance functions, and the construction needs of the trust fund programs. As authorized by law, it also provides resources from the trust funds for certain nontrust fund administrative costs, which are reimbursed from the general funds. These include administration of the supplemental security income program for the aged, blind, and disabled; work associated with the Pension Reform Act of 1974; and the portion of the annual wage reporting work done by the Social Security Administration for the benefit of the Internal Revenue Service. The dollars provided also support automated data processing activities.

The Committee has expressed concern in the past about the staffing reductions carried out by the Social Security Administration. From a high of 79,951 full-time equivalents [FTE's] in fiscal year 1984, SSA proposes to level off FTE's at 63,000 after this year. While certain service indicators have remained generally high during this downsizing period, and automation has helped maintain basic services, recent data has shown alarming declines in the level of service and in employee morale. The Committee believes that the Social Security Administration should not reduce the number of its employees any further.

The Committee believes that further erosion of Social Security staffing must be stopped to provide consistently high quality service. This staffing must not be reduced, as happened last year, to cover costs not anticipated in the budget request such as higher workloads or future Federal pay raises. It is the Committee's intent that the contingency reserve provided in this appropriation be made available for such needs, and that current service levels and related staffing be maintained. To this end, bill language has been included to impose a moratorium on further staffing cuts below the level as of the start of fiscal year 1990. An increase of $14,000,000 over the budget request and House allowance has been recommended to, at a minimum, maintain current staffing levels, and to the extent possible, to partially restore past reductions, particularly in field offices.

The Committee continues to believe that the top priority of the Social Security Administration is to provide the best possible service to the public.

The new 800 telephone number initiative provides an option for those who need or wish to conduct business by telephone. The 800 number does not, in any way, replace the need for a strong and viable network of local offices. The Committee is committed to retaining a field structure of approximately 1,300 local offices, as well as maintaining contact stations, and believes the option of face-to-face quality service must remain available.

At the same time, the investment in the 800 toll-free telephone service will be money well spent only if the service provided improves as was promised in testimony before this Committee earlier this year. The public must not continue to experience high busy signal rates, and callers must receive consistently accurate information.

The Committee expects SSA to continue its semiannual report to the House and Senate Appropriations Committees on the "Levels of Service Provided to Social Security Beneficiaries and the Public in General." In addition to the staffing, accuracy, workload, and processing time data already contained in the reports, SSA should add data addressing telephone service—both access (for example, busy signal rates) and accuracy.

In past years the Committee has expressed serious concerns about the Social Security Administration's planning and management of its computer systems and information technology systems budget. The cumulative cost of systems modernization efforts now amounts to some $500,000,000. Last year, in its report accompanying the fiscal year 1989 appropriations bill, the Committee requested that SSA submit a report to it by November 15, 1988, "that contains a comprehensive, detailed plan of SSA's immediate, short-term and long-term plans for computer modernization and ADP expenditures." The report SSA provided lacks sufficient detailed information to meet the Committee's needs. Therefore, the Committee is requesting for the coming fiscal year that SSA submit a more detailed report to it by January 15, 1990, so that the report may help the Committee in its deliberations on the fiscal year 1991 appropriations bill. The report should provide sufficient detail to inform the Committee on how SSA plans to budget, manage, and control system modernization activities at both the broad policy level and at the immediate project level for which the agency is requesting funds. The report should address priorities, project management and support schedules, consideration of technological alternatives, and thorough cost/benefit analyses for specific ADP enhancement projects that the Social Security Administration plans to undertake over the next 5 years.

The Committee is concerned, too, about the unplanned capacity increase requirements experienced by SSA in the past and again during fiscal year 1989. In reviewing the fiscal year 1990 budget request, GAO found that SSA will require additional capacity increases amounting to $18,300,000 over the costs projected for the 5-year period covering fiscal years 1990 to 1994. The Committee believes that these funding problems will continue until SSA develops a comprehensive information management plan for budgeting, managing, and controlling its system modernization efforts.

The fiscal year 1990 recommendation includes $97,870,000 for the contingency reserve, the same as the House allowance and $50,000,000 over the budget request.

The Committee is concerned that the backlog of appeals of disability claims is particularly severe in region VII, which includes the State of Iowa. The Committee directs that the Social Security Administration at the region VII level continue to provide additional temporary personnel, and increases as necessary, to eliminate this backlog. This should include at least one additional decisionwriter as well as word processing and computer equipment, to enhance efficiency in processing appeals of disability claims in Des Moines, IA.

The Committee was disturbed to learn in fiscal year 1989 that the Social Security Administration [SSA] had been performing negative verifications of millions of Americans' Social Security numbers [SSN] for private companies, such as credit bureaus and banks. The continued viability of the Social Security program rests, in large measure, on the public's confidence that the program is administered fairly, equitably, and with due regard to the rights of all individuals who participate. It is the Committee's belief that performing negative SSN verification checks is neither consistent with existing law nor with the goal of maintaining a high degree of the public's trust in the program. Therefore, the Committee concurs in the Social Security Administration's decision to end SSA's practice of performing negative SSN verifications for financial and credit organizations announced on April 13, 1989, and instructs the agency to notify the Committee prior to the implementation of any change in this policy.

This Committee has learned that persons afflicted with chronic fatigue syndrome [CFS] continue to have difficulty in applying for and receiving Social Security disability benefits because the illness is not recognized as a legitimate disease by SSA. Studies by the Centers for Disease Control and the National Institutes of Health have shown CFS to be a real disease and a national health problem. The Committee recommends that the Social Security Administration study the medical and socioeconomic impact of CFS and establish a policy of awareness of this disease throughout all of its offices and that the SSA apply the CDC's clinical definition of CFS in guidelines for dealing with the patients afflicted with this disease.

FAMILY SUPPORT ADMINISTRATION

FAMILY SUPPORT PAYMENTS TO STATES

Appropriations, 1989	$8,392,020,000
Budget estimate, 1990	8,491,946,000
House allowance	9,007,946,000
Committee recommendation	9,007,946,000

The Committee recommends an appropriation of $9,007,946,000 for family support payments to States, which is in addition to the

$2,700,000,000 appropriated in fiscal year 1989 as an advance for the first quarter of fiscal year 1990. This appropriation is $516,000,000 more than the administration's current law request and $615,926,000 more than the fiscal year 1989 comparable appropriation of $8,392,020,000.

Funding under this program supports grants to States for the Federal share of public assistance for the needy and for child support enforcement activities. The largest of the assistance programs in this account is the "Aid to families with dependent children" [AFDC] account. These dollars support children in need who have been deprived of parental support by the death, disability, or continued absence of a parent from the home. In addition, States have the option of using these dollars to pay benefits to families in which the principal wage earner is unemployed; unemployed parent benefits will become mandatory for all States beginning in October 1990. Other types of benefits provided under this appropriation include emergency assistance, assistance to destitute or ill Americans who are being repatriated, and assistance to adults in Puerto Rico and the territories. The Child Support Enforcement Program assists families by locating absent parents, establishing paternity, and enforcing support obligations to insure that children are financially supported by both of their parents. Grants made under this account also include funds for the Federal share of the costs State and local governments incur in administering these programs.

The Committee recommendation, with two exceptions, is the same as the President's estimates of the amounts needed for these entitlement programs; assumed savings of $516,000,000 from quality control disallowances and $55,000,000 from proposed regulatory changes are not included. The budget estimates also exclude savings of $350,000,000 from proposals which require legislation to effect. If these savings subsequently occur, entitlement costs of this appropriation will automatically be reduced. The Committee recommendation includes $9,345,000,000 for benefit payments under the aid to families with dependent children program and $16,346,000 for payments to the territories.

For emergency assistance, the Committee has provided the administration's request of $157,200,000, which includes $20,000,000 for welfare hotel demonstrations authorized under section 903 of the Stewart B. McKinney Homeless Assistance Act. However, the Committee is appalled that this program remains as a source of funds to inappropriately place homeless families in so-called welfare hotels, often for months at a time. The Committee expects to see this problem alleviated through the demonstration projects which are aimed at reducing the number of homeless AFDC families in welfare hotels.

These demonstrations will focus on transitional housing in a maximum of three States in an attempt to find alternatives to the use of welfare hotels as long-term housing for homeless families and prompt States to develop more effective, less wasteful transitional facilities.

The Committee recommendation also includes $1,000,000 for repatriation and $1,599,400,000 for State and local welfare administrative costs. In addition, due to passage of the Family Support Act of 1988, $163,000,000 is included to cover the costs of providing child care to welfare recipients who need this service to participate in State job opportunities and basic skills [JOBS] training programs. Unless such care is provided as necessary, States cannot require welfare recipients to participate in JOBS. For child support enforcement, $1,033,000,000 is included for State and local administration, and $294,000,000 is provided for Federal incentive payments; these costs are offset by the Federal share of collections, estimated at $846,000,000.

The Committee has also included $3,000,000,000 as a first-quarter advance for fiscal 1991, the same as the budget request and House allowance.

PAYMENTS TO STATES FOR AFDC WORK PROGRAMS

Appropriations, 1989	$91,440,000
Budget estimate, 1990	349,975,000
House allowance	349,975,000
Committee recommendation	349,975,000

The Committee recommends an appropriation of $349,975,000 for payments to States for AFDC work programs. This is the same as the House allowance and the amount requested by the administration. However, the Committee has shifted funds from WIN phaseout activities to the new JOBS activity, providing $20,000,000 for WIN phaseout compared to the $31,440,000 House allowance, reflecting revised estimates of several States which are making a more rapid transition to the new program.

This appropriation is provided for the first time in fiscal year 1990 to phase in the new Job Opportunities and Basic Skills [JOBS] Training Program. This mandatory program was created as part of welfare reform by the Family Support Act of 1988.

The JOBS Program is intended to assure that needy families with children obtain the education, training, and employment they need to avoid long-term welfare dependence. JOBS programs must be operative in all States beginning in October 1990, although States at their option may begin to switch to JOBS from existing work programs in the last quarter of fiscal year 1989.

The current work incentives [WIN] program and existing AFDC work programs are to be replaced in their entirety as States switch to JOBS. Therefore, for fiscal year 1990 only, a portion of the request for payments to States for AFDC work programs also includes transitional funds for the WIN program.

While the Committee estimates funding for this program at the level requested by the administration, the Committee rejects the administration's proposed appropriations language to remove the States' entitlement, up to statutory ceilings, to JOBS funds. Instead, the Committee concurs with House bill language providing indefinite authority to make available Federal matching funds under this program for each State's share, as needed, up to the statutory ceiling of $800,000,000 for fiscal 1990.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 1989	$1,383,200,000
Budget estimate, 1990	1,100,000,000
House allowance	1,400,000,000
Committee recommendation	1,228,654,000

The Committee recommends an appropriation of $1,228,654,000 for the Low-Income Home Energy Assistance Program [LIHEAP]. This funding level is $128,654,000 more than the administration request, $171,346,000 below the House allowance, and $154,546,000 less than the fiscal year 1989 appropriation.

This program provides grants to States to assist low income households in meeting the costs of home energy, primarily heating costs. Like all block grants, States are given great flexibility in the ways in which they provide assistance, including direct payments to individuals and vendors and direct provision of fuel.

The impetus for providing energy assistance was the sharp fluctuations in energy prices in the late 1970's and early 1980's. Since that period, energy prices have tended to stabilize, as has the estimated percent of income expended for heat by LIHEAP recipient households.

The program reports that States continue to transfer LIHEAP funds to other block grants. In fiscal year 1988 despite reduced Federal funding, 28 States transferred $66,000,000 to other programs. Nevertheless, the Committee recognizes that the home energy assistance needs of low-income households remain great, and expresses its support for continuation of this valuable program.

STATE LEGALIZATION IMPACT ASSISTANCE GRANTS

The Committee concurs with the administration's requested bill language to reduce permanent fiscal year 1990 appropriations for State legalization impact assistance grants. However, the Committee recommends a reduction of $241,044,000 instead of $400,000,000 proposed by the administration. The House did not approve this request. The Committee understands that $1,600,000,000 remains available to States from unspent fiscal years 1988 and 1989 appropriations, which the States can utilize in fiscal year 1990. Despite this reduction, an estimated additional $628,956,000 will still be made available to States in new fiscal year 1990 appropriations.

This program was established by the Immigration Reform and Control Act of 1986 to offset costs incurred by State and local governments in providing public assistance, and education services to aliens legalized under the law. The act provided $1,000,000,000 for each of fiscal years 1988 through 1991, minus the Federal cost of providing certain assistance programs to these aliens.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 1989	($382,356,000)
Budget estimate, 1990	(242,318,000)
House allowance	Deferred
Committee recommendation	(417,356,000)

The Committee recommends $417,356,000 for refugee and entrant assistance, an increase of $35,000,000 over the amount provided in

1989. This represents an increase of $175,038,000 over the President's budget.

The Refugee Assistance Program is designed to assist States in their efforts to assimilate refugees into American society as quickly and effectively as possible. The program reimburses States for State-administered cash and medical assistance, employment services, targeted assistance, preventive health, and the voluntary agency matching grant program.

The Committee believes that services provided under the refugee program are critical in the transition period that refugees undergo in assimilating into our society. Furthermore, immigration policy is clearly a Federal responsibility. Thus, the Federal Government must fulfill its obligations by providing the States with adequate funding to meet the health and social service needs of newly arriving refugees. In order to partially meet these responsibilities, the Committee allowance provides $261,820,000 for cash and medical assistance, $69,906,000 for social services, $34,052,000 for targeted assistance; $5,770,000 for preventive health; and $45,808,000 for the voluntary agency program. Except for increases recommended in social services and the voluntary agency program, these amounts are the same as the fiscal 1989 appropriation, rejecting the cutbacks proposed by the President. The Committee recognizes, however, increased refugee arrivals will put greater pressure on States and voluntary agencies to meet the needs of an estimated 84,000 refugees in 1990, plus an additional 22,500 refugees expected to arrive in the United States in 1989. The Committee understands that plans are being considered to further increase the ceiling on refugee admissions in fiscal year 1990, perhaps by as much as 50 percent. Therefore, the Committee urges the administration to submit an amended budget request for immediate consideration to adequately address the Federal commitment for refugee and entrant assistance.

Within the amount for targeted assistance, the Committee expects that special assistance to Dade County schools and Jackson Memorial Hospital receive no less than the 1989 allotment of $10,500,000.

The Committee intends that the Director of the Office of Refugee Resettlement utilize up to 20 percent of the total appropriated for targeted assistance for grants to localities most heavily impacted by the influx of refugees, including secondary migrants. The Director shall make such grants available to assist local schools, hospitals, employment services, and other institutions. The Committee considers the most heavily impacted localities to be those with a population of 75,000 or greater, of which no less than 20 percent of the population is made up of refugees, including secondary migrants who entered the United States after October 1, 1979. Localities will make best efforts at determining the eligible refugee population using data from census reports school enrollment figures or other data acceptable to the Office of Refugee Resettlement.

The Committee is concerned by the length of time the Office of Refugee Resettlement [ORR] has taken to distribute targeted assistance funding to all the eligible localities. Several States and communities did not receive fiscal year 1989 funding until well into the fourth quarter. Such a delay causes great problems in program planning and operation, particularly among refugee service providers. The Committee expects the Office of Refugee Resettlement to disburse targeted assistance funds in a timely manner in fiscal year 1990.

The Committee is encouraged by the preliminary results of the two approved demonstration projects authorized under the commonly referred to Fish-Wilson amendment. The Department is urged to encourage the continuation of such programs and initiatives designed to test innovative approaches to effective resettlement.

The Committee notes that no new projects have been approved in over 3 years. In a 1988 report, the General Accounting Office reported this is due, at least in part, to a need for ORR to evaluate its process for the approval of new demonstration project proposals. The GAO concluded that such a review should take into account the problems experienced thus far by ORR, State governments, voluntary agencies, and others in developing proposals which meet project criteria. The Committee, therefore, requests a report prior to the fiscal year 1991 hearings reviewing the findings of the Department's evaluation of the demonstration projects, the approval process, and recommendations for facilitating greater participation in alternative projects.

Testimony submitted to the subcommittee during the fiscal year 1990 budget oversight hearings highlighted the need for greater coordination and information sharing between the Department of Health and Human Services, the Department of State, State refugee coordinators, voluntary agencies, and ethnic community leaders concerning refugee admissions and domestic resettlement programs and policies. The Committee, therefore, urges the Department of Health and Human Services to make every effort to further greater cooperation, information sharing, and planning among all involved in domestic refugee resettlement efforts.

The Committee directs that, not later than June 1, 1990, the Secretary of Health and Human Services shall use amounts appropriated under section 414 of the Refugee Act to prepare and submit, to the appropriate Committee of Congress, a report concerning the number of refugees that reside in Hudson, Essex, and Union Counties in New Jersey as a result of secondary migration. Such report shall be prepared by the Secretary in conjunction with the county and municipal governments involved.

COMMUNITY SERVICES PROGRAM

Appropriations, 1989	$380,598,000
Budget estimate, 1990	42,000,000
House allowance	371,538,000
Committee recommendation	387,598,000

The Committee recommends an appropriation of $387,598,000 for the Community Services Program, the same as the fiscal year 1989 funding level.

The Community Services Block Grant Program [CSBG] makes formula grants to States and Indian tribes to provide a wide range of services and activities to ameliorate causes of poverty in communities and to assist low-income individuals become self-sufficient.

The majority of CSBG funds go to community action agencies who then carry out these activities. A funding level of $325,630,000 is recommended for grants to States for community services, compared to the $297,000,000 House allowance.

The Committee believes that the community services programs have proved successful and vital in providing a wide array of services to the poor. Community action agencies, the mechanism by which most of these services are provided, largely depend on community services funds to maintain operations. These agencies provide valuable services to the poor in areas such as: employment, education, housing, nutrition, emergency services, and health. Thus, the Committee strongly urges the continuation of this program.

The Office of Community Services, which administers CSBG, also administers several discretionary programs for which the following funding levels are recommended: Community economic development, $20,254,000; rural housing, $4,013,000; farmworker assistance, $2,948,000; national youth sports activities, $9,669,000; and technical assistance, $236,000. The House recommended the same funding levels for these discretionary activities, totaling $37,120,000.

The Committee also recommends $18,918,000, the same as the fiscal 1989 level, for the Community Services Homeless Program. This is $23,082,000 less than the administration's budget request and $16,082,000 below the House allowance. The Committee notes that homeless activities are provided with grants to States funds, for which an increase of $21,630,000 over the House is recommended. Together, these funds will continue a comprehensive effort to provide shelter to the homeless within each State.

PROGRAM ADMINISTRATION

Appropriations, 1989	$80,632,000
Budget estimate, 1990	76,631,000
House allowance	82,431,000
Committee recommendation	91,181,000

The Committee recommends an appropriation of $91,181,000 for program administration, which is $8,750,000 over the House allowance, and $14,550,000 over the request.

The "Program administration" account includes Federal administration costs for all Family Support Administration programs. These include: aid to families with dependent children, child support enforcement, JOBS, low-income home energy assistance, refugee and entrant assistance, and community services block grant. This also includes funding for the welfare hotel demonstrations.

The $76,431,000 recommended for Federal administration is intended to maintain current levels as well as support an additional 12 FTE's to assist existing staff implement the new Family Support Act of 1988.

The Committee recommendation for research and evaluation is $14,750,000, $12,000,000 over the budget request and the fiscal year 1989 appropriation, and $8,750,000 more than the House amount. The Senate recommendation includes $3,000,000 for child support visitation demonstrations, $1,000,000 for the Commission on Child

Support Enforcement, $6,500,000 for economic development, and $1,500,000 for teen pregnancy demonstrations.

The Committee recommendation includes $3,000,000 for child support visitation demonstrations, as authorized by the Family Support Act of 1988. In accordance with the provisions of the act, such project must be designed to improve the financial well-being of families with children. The Committee notes that the Secretary of Health and Human Services is directed to report to Congress on the effectiveness of such demonstration projects by July 1, 1992.

The Committee recommendation includes $1,000,000 for the Commission on Child Support Enforcement. The Commission on Child Support Enforcement, authorized by the Family Support Act of 1988, is to report to Congress on child support collections. The amount of child support paid by noncustodial parents is of great concern to the Committee, and the Committee feels that there is a strong need for the work of the Commission on Child Enforcement to begin in fiscal year 1990 in order to help the Congress improve the financial condition of children living in single-parent families.

The Committee has included $6,500,000 for carrying out the job creation demonstration, authorized under section 505 of the Family Support Act of 1988. This program provides 3-year grants to nonprofit organizations such as community development corporations to provide technical and financial assistance to businesses that agree to target new job and enterprise opportunities to welfare recipients and individuals at or below 100 percent of the Federal poverty threshold.

The Committee has provided the maximum authorized and directs the Department of Health and Human Services to fund the maximum number of grants permitted under Public Law 100-485. Further, in order to encourage a successful demonstration, the Committee directs the Department of Health and Human Services to give priority to nonprofit organizations with a demonstrated record of achievement in promoting job and enterprise opportunities for low-income people. The Committee directs that this program (section 505, Family Support Act) be administered by the Office of Community Services within the Family Support Administration. The Office of Community Services has had extensive experience in designing and administering programs to promote job creation for low-income people.

Finally, the Committee recommendation includes $1,500,000 for teen care demonstration projects to provide counseling and services to high-risk teenagers, as authorized by the Family Support Act of 1988. The aim of the demonstration projects is to provide nonacademic programs and counseling to high-risk teenagers in order to reduce the rates of pregnancy, suicide, substance abuse, and school dropout among such teenagers.

ASSISTANT SECRETARY FOR HUMAN DEVELOPMENT SERVICES

SOCIAL SERVICES BLOCK GRANT

Appropriations, 1989	$2,700,000,000
Budget estimate, 1990	2,700,000,000
House allowance	2,700,000,000
Committee recommendation	2,700,000,000

The Committee recommends an appropriation of the full authorization level of $2,700,000,000 for the social services block grant, the same as the administration request, the House allowance, and the fiscal year 1989 appropriation.

Social services block grant funds are used by States to fund a wide variety of social services for the purpose of preventing or reducing dependency, and assisting individuals achieve self-sufficiency. Activities include child and adult day care, child and adult abuse and neglect prevention, home-based services, and independent living services. States are entitled to their full share of the appropriated funds, and may use these funds to best suit to the needs of the individuals residing within the State.

HUMAN DEVELOPMENT SERVICES

Appropriations, 1989	$2,573,573,000
Budget estimate, 1990	2,820,653,000
House allowance	2,757,959,000
Committee recommendation	4,076,879,000

The Committee recommends an appropriation of $4,076,879,000 for human development services, $1,256,226,000 above the administration request and $1,318,920,000 more than the House allowance.

The human development services appropriation consists of programs for children, youth, and families, the elderly, the developmentally disabled, and native Americans, as well as Federal administrative costs.

Head Start

Head Start provides comprehensive development services for low-income children and their families, emphasizing cognitive and language development, socioemotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to handicapped children.

The Committee recommends $1,485,000,000 for the Head Start Program, the same as the administration request, and an increase of $250,000,000 over the fiscal year 1989 appropriation level. This increase will allow Head Start to serve at least 82,000 additional children from low-income families over fiscal year 1989. The House has deferred consideration of $80,000,000 of this request. Inasmuch as the budget request for an expanded Head Start program makes no provision for the additional administrative and/or technical assistance required to establish new programs, the Department is directed to provide those services within the $250,000,000 provided for expansion of Head Start.

The Committee is concerned over testimony received that low Head Start salaries are making it increasingly difficult for Head Start programs to attract qualified staff and that there are a number of Head Start programs that are experiencing staffing shortages. The Committee is also concerned over the need for program improvements, particularly those one-time purchases which enhance the safety of Head Start children. Therefore, the Department is directed to review staffing difficulties and the need for program improvements within the Head Start program and is urged to take appropriate action to address these problems.

The Committee is also aware of a need to expand training and preparation of Head Start personnel working with special needs children in a mainstreamed environment. Accordingly, the Committee directs the Department to undertake development of training materials for Head Start directors, teachers, teachers aides, and parents of children with special needs. This initiative should utilize state-of-the-art training technology to develop materials specifically designed for Head Start personnel working with special needs children. The materials and systems developed should be made available at regional workshops and disseminated nationwide.

The Committee also included $1,450,000 for child development associate scholarships, the same level as the budget request and the fiscal year 1989 appropriation. These funds are used to assist low-income persons obtain certification as a child development associate in preparation for employment in a variety of child care and development agencies, including Head Start programs, day care, and other child care settings.

Comprehensive child development centers

This program, funded for the first time in fiscal year 1989, is designed to encourage intensive, comprehensive, integrated, and continuous supportive services for low-income children from birth until they reach public school age. These services are intended to enhance the physical, emotional, and intellectual development of these children, and to provide support to their parents and other family members. The program targets infants and children from low-income families, who because of health, environmental, or other factors, need intensive and comprehensive support to enhance their growth and development.

The Committee recommends $25,000,000, an increase of $5,240,000 over the fiscal year 1989 appropriation. With these funds, the Secretary will make operating grants to eligible public and nonprofit agencies, including Head Start agencies, community-based organizations, institutions of higher education, public hospitals, community development organizations, institutions of higher education, public hospitals, community development organizations and organizations specializing in the delivery of services to infants or young children.

Child abuse and neglect/family violence

These programs improve and increase activities at all levels of government which identify, prevent, and treat child abuse and neglect through State grants, technical assistance, research, demonstration, and service improvement.

The Committee has included $25,471,000 for child abuse and neglect prevention and treatment, including $11,735,500 for child abuse State grants, and $13,735,500 child abuse discretionary activities. Authorizing legislation requires that if funding for these two programs is less than $30,000,000, then $9,000,000 must be provided for State grants, $11,000,000 for discretionary activities, then one-half of the remaining appropriated funds above $20,000,000 will go to State grants for Baby Doe activities, and the other one-half will go to child abuse discretionary activities for the prevention of sexual abuse.

The Committee has provided $5,000,000 for child abuse challenge grants. This is $5,000,000 over the budget request and $166,000 over the fiscal year 1989 funding level. The purpose of this program is to encourage States to create and maintain children's trust funds or other funding mechanisms using State and local funding to support child abuse and neglect prevention activities.

For programs authorized by the Family Violence Prevention and Treatment Act, the Committee recommends $8,548,000, $329,000 over the House allowance and the fiscal year 1989 appropriation. This program makes formula grants to States and Indian tribes to assist in supporting programs and projects to prevent incidents of family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.

The Committee directs the National Center on Child Abuse and Neglect [NCCAN] to give special attention in its discretionary and State grants to addressing the prevention and treatment of abuse and neglect of children by substance abusing parents.

The Committee recommends $5,940,000 for temporary child care for handicapped children and crisis nurseries, an increase of $1,000,000 over fiscal 1989. Funds provide in-home or out-of-home nonmedical child care for handicapped children and children with chronic or terminal illness, and programs to provide crisis nurseries for abused or neglected children.

Runaway and homeless youth

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. The Runaway and Homeless Youth Act requires that 90 percent of the funds go to community-based centers allocated to the State jurisdictions on the basis of the State youth population under 18 years of age in proportion to the national total. The remaining 10 percent provides for networking, and research and demonstration activities including the National Toll-Free Communications Center.

The Committee provides $28,923,000 for this program, $2,000,000 over the fiscal year 1990 House allowance and the fiscal year 1989 appropriation.

Child care

The Committee recommends $1,200,000,000 to carry out provisions under title I of Senate 5, the Senate-passed act for better child care. This includes $1,140,000,000 for State grants, and

$60,000,000 for liability risk retention grants. The House did not consider this funding, and there is no budget request.

The Senate-passed substantive legislation authorizes up to $1,750,000,000 for child care State grants, and up to $100,000,000 for liability risk retention grants. The Committee allowance is for startup costs, to be made available for obligation late in fiscal year 1990. This should provide adequate lead-time for planning and promulgation of any necessary regulations, and for States to gear up for effective implementation. The administration is expected to submit a budget request to cover program direction expenses.

The funds recommended for liability risk retention grants are intended to increase the availability of child care by alleviating the serious difficulty faced by child care providers in obtaining affordable liability insurance, and to provide States with a sufficient capital base for liability insurance purposes that may be increased or maintained through mechanisms developed by the State.

Of the funds recommended for State grants, at least 70 percent is for direct child care expenses with the remainder available for such activities as resource and referral services, activities aimed at increasing availability of child care services, training, and technical assistance.

Dependent care planning and development

The dependent care program provides grants to States for activities related to dependent care resource and referral systems and school-age child care services. These funds are to be used to assist in the planning, development, establishment, and expansion or improvement of child care services, but are not to be used for operating costs associated with specific referral or child care services.

The Committee recommends $14,856,000 for dependent care programs, $3,000,000 over the fiscal 1989 level and House allowance.

Abandoned infants assistance

The Committee has provided $4,000,000 in first-time funding under the Abandoned Infants Assistance Act. With the escalating drug crisis in this country, there are increasing numbers of infants who have been exposed to drugs or to the human immunodeficiency virus and who are being abandoned by their mothers in hospitals. This funding will allow the Department to move forward with a program to demonstrate methods to prevent abandonment, prevent family disintegration, and to assist with foster care for all abandoned babies.

Child welfare services

The Committee recommends an appropriation of $256,053,000 for child welfare services, the same level as the budget request, and $9,374,000 above the fiscal year 1989 appropriation.

This program helps State public welfare agencies improve their child welfare services with the goal of keeping families together. State services include: preventive intervention, so that, if possible, children will not have to be removed from their homes; development of alternative placements like foster care or adoption if children cannot remain at home; and reunification so that children can return home if at all possible. All States are eligible to receive a share of the first $141,000,000 appropriated for child welfare services, and as an incentive to States, only those States implementing the specific protections for children outlined in title IV of the Social Security Act, are eligible to receive a share of the appropriation in excess of $141,000,000.

Child welfare training

The Committee recommends $3,696,000 for child welfare training, the same level as the budget request, and the fiscal year 1989 enacted level.

This program provides grants to public and private institutions of higher learning to develop and improve education/training programs for child welfare service providers.

Child welfare research and demonstrations

The Committee recommends an appropriation of $10,965,000, $1,650,000 above the fiscal year 1989 funding level.

The child welfare research and demonstration funds support research and demonstration activities in four basic areas: child welfare, child care, youth development, and family and child development, with the basic goal of strengthening the family as the primary agent responsible for the developmental needs of children and youth.

The Committee is concerned over the number of children with disabilities in the child welfare system. The Department is directed to use up to $750,000 to support five pilot projects which demonstrate model interagency service collaboration on behalf of children with disabilities and their families in State child welfare systems.

Adoption opportunities

The Committee recommends $6,527,000 for adoption opportunities, $500,000 over the fiscal year 1989 appropriation.

This program eliminates barriers to adoption and helps find permanent homes for children who would benefit by adoption, particularly children with special needs. This level of funding provides an increase of $300,000 for postlegal adoption assistance ($800,000) and an increase of $200,000 for placement of minority children ($700,000). This program also funds the National Adoption Clearinghouse, a national adoption information exchange system.

Youth drug abuse prevention and education

The Committee recommends $10,000,000 for drug education and prevention for runaway and homeless youth, authorized by the Anti-Drug Abuse Act of 1988. This funding is the same as provided by the House.

This program makes grants to public and private nonprofit organizations to support family and group counseling, community education, outreach, and drug abuse prevention training to individuals working with runaway and homeless youth.

The Committee also recommends $12,000,000 for the Drug Education and Prevention Program for Youth Gangs, also authorized by the Anti-Drug Abuse Act of 1988, the same as funding provided by the House. The purpose of this program is to reduce and prevent the participation of youth gang's in illicit drug activities.

The Committee has provided $5,000,000 in first-year funding for the Transitional Living Grant Program authorized under section 321 of Public Law 100–690. The Transitional Living Grant Program will fill a void and complement the services already provided in the temporary shelters under the Runaway and Homeless Youth Program. Unfortunately, there is a growing population of homeless adolescents between the ages of 16 and 21 who are too old for foster care and too young for adult shelters, and consequently, have no place to go but the streets. Transitional living services will provide up to 540 days of shelter; promote self-sufficiency by helping these adolescents access existing services, such as job training programs and education opportunities; and provide the support structure and other services needed to prepare these youth for productive, independent lives.

Aging

The Committee recommends an appropriation of $739,586,000 for aging programs, $15,300,000 above the budget request $13,300,000 more than the fiscal year 1989 appropriation and $10,000,000 over the House allowance.

The Committee is pleased with the Administration on Aging's efforts in recent years with organizations and projects that promote a variety of intergenerational activities. The Committee encourages continuation and enhancement of these efforts through model projects which demonstrate means of providing the basic support needed to tap into and effectively employ the unique skills and varied experiences of older volunteers in assisting the Nation's younger needy population, especially in providing support to families with severely disabled or chronically ill children.

Supportive services and senior centers.—This State formula grant program funds a wide range of social services for the elderly, including multipurpose senior centers and ombudsman activities. State agencies on aging make awards to area agencies on aging on the basis of State-approved area plans and intrastate funding formulas.

The Committee recommends an appropriation of $275,652,000 for supportive services and senior centers, the same as the budget request and the House allowance.

Congregate and home-delivered nutrition services.—This program provides funds for operating and establishing nutrition services projects for the elderly. Projects funded must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet one-third of the minimum daily dietary requirements.

The Committee recommends an appropriation of $438,214,000 for nutrition services. This provides $356,668,000 for congregate meals. The Committee has recommended $81,546,000 for home-delivered meals. Often times, the difference between requiring extended stays in nursing homes or hospitals, or being forced to enter a nursing home is the availability of in-home nutrition services. Therefore, the Committee has provided a small increase for the home-delivered meals program.

Grants to Indian tribes.—The Committee has provided $12,710,000 for grants to Indian tribes, $5,300,000 over the budget request and $2,000,000 over the revised fiscal year 1989 funding level. This funding level provides $11,277,000 for part A Indian program grants, and $1,433,000 for part B native Hawaiian programs.

This program promotes the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives, and native Hawaiians. Part A grants are made to Indian tribes with at least 50 older Indians who are 60 years of age or older, and part B grants are made to public or nonprofit private organizations serving at least 50 older native Hawaiians who are 60 years of age or older.

The Committee has provided additional funds so the Administration on Aging can provide an appropriate and equitable level of funding to all eligible Indian tribes. Due to the large increase in the number of eligible Indian tribes in fiscal year 1989, a reprogramming of $3,300,000 was needed to fund tribes at the same level as in fiscal year 1988, as well as to fund part B, native Hawaiian program, for the first time.

The Committee received testimony last year indicating that elderly Hawaiians have the highest mental health and activity-of-daily-living impairments among all of the State of Hawaii's ethnic groups. Further, elderly Hawaiians fall into the highest one-third of those groups with social resources, physical health, and economic resource related difficulties. The funds provided in this bill will allow the Department to begin to address these issues, as provided under the provisions of Public Law 100–175.

In-home services for frail elderly.—The Committee recommends $6,834,000 for in-home services for the frail elderly, $2,000,000 over the administration request and the fiscal year 1989 appropriation. In-home services include homemaker and home health aides, visiting and telephone reassurance, chore maintenance, in-home respite care for families, and minor home modifications.

Outreach

The Committee has provided $5,000,000 to implement section 155 of the Older Americans Act. Section 155 authorizes outreach by area agencies on aging to assist the elderly poor in signing up for SSI, Medicaid, and Food Stamp benefits. Currently, only about half of the elderly poor eligible for these programs actually participate because of a lack of information or because of inaccurate information. Funding of this program will help eliminate barriers to subsistence benefits for some of the most vulnerable of our population.

Aging research and training.—The Committee recommends $25,173,000 to continue research, training, and demonstration activities. This is $3,000,000 above the revised fiscal year 1989 funding level.

These funds are currently used to provide adequately trained personnel in the field of aging, improve knowledge on the problems and needs of older Americans, and demonstrate new methods of improving the quality of life of older persons.

The administration has proposed to fund the Older Americans Act title IV research, training, and special projects program as part of a generic appropriation for Office of Human Development Services research, training, and special projects. The Committee has decided to continue funding for title IV research, training, and special projects under programs for the aging, rather than within an overall generic appropriation to fund several diverse activities.

The Committee directs the Administration on Aging to increase funding for training and research activities under title IV. Priority initiatives should include: career preparation training, as well as student stipends and faculty development grants. Some of these programs should target minority students and faculty, since they represent a very small percentage of those currently employed in the field. The Committee would like to emphasize the need for qualified personnel trained and educated in the field of aging. The Committee is impressed with the high percentage of individuals assisted by title IV career preparation training who have remained in the field of aging.

The Committee believes that Administration on Aging sponsored research and training programs should emphasize a focus on the behavioral and social aspects of aging, since the National Institute on Aging, the National Institute of Mental Health, and the Bureau of Health Professions are all authorized to fund health-related programs.

The Committee also directs the Administration on Aging to increase funding for national minority organizations with a proven track record in providing special representation and services to aged minorities. The 1987 Older Americans Act Amendments included several provisions to promote the funding of national minority organizations under title IV. The Committee directs the Administration on Aging to implement these measures and to provide a report to the Committee by March 31, 1990, concerning the status of this directive.

The Committee reaffirms its support of the long-term care gerontology centers and urges that they be continued and fully funded.

The Committee also directs the Administration on Aging to continue to fund national legal services support and demonstration projects at a minimum of $1,000,000. National legal services support and demonstration projects mean those which (1) are conducted by national nonprofit legal assistance organizations which provide support and demonstrations on a national basis to local legal assistance providers; and (2) provide national legal assistance support and demonstrations to local legal assistance providers or State and area agencies on aging for the purpose of providing, developing or supporting legal assistance for older individuals, including case consultations; training; provision of substantive legal advice and assistance; and assistance in the design, implementation, and administration of free legal assistance delivery systems.

The Committee has provided $500,000 for a 12-month demonstration project to determine the feasibility of establishing a nationwide toll-free information and referral service for the elderly. Providing easy access to complete and accurate information on services and programs for the elderly is an important step in assisting older persons maintain self- sufficiency. The Committee encourages the Administration on Aging to build upon existing networks of State and local area agencies on aging, and to give priority consideration to existing not-for-profit organizations to operate the telephone service.

Federal Council on Aging

The Committee recommends $188,000 for the Federal Council on Aging, the same level as the administration request and the fiscal year 1989 appropriation. The Council, established in 1973, advises both the legislative and executive branches on matters related to the special needs of older Americans.

Developmental disabilities

The Committee recommends $99,805,000 for developmental disabilities programs, $4,800,000 over the administration request, and the fiscal year 1989 appropriation.

The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as a severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities.

Basic State grants.—For State grants, the Committee recommends $62,774,000, $3,000,000 over the budget request, the House allowance, and fiscal year 1989 funding level. This program provides grants to States to plan and conduct activities that increase the capacities and resources of agencies to develop, coordinate, or stimulate permanent improvement in systems of services for persons with developmental disabilities, with priority given to those persons whose needs are not otherwise met under other health, education and human service programs.

Protection and advocacy grants.—For protection and advocacy grants, the Committee recommends $20,760,000, $1,000,000 over the budget request and the fiscal year 1989 appropriation.

This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or habitation within the State.

Projects of national significance.—The Committee recommends $2,901,000, the same level as the House allowance and the fiscal year 1989 funding level.

This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

University affiliated programs.—This program provides operational and administrative support for a national network of university affiliated programs and satellite centers. Grants are made annually to university affiliated programs and satellite centers for interdisciplinary training, exemplary services, technical assistance, and information dissemination activities.

The Committee recommends $13,370,000, $800,000 over the House allowance and the fiscal year 1989 appropriation. Of the increase, $400,000 is to support the establishment of two additional university-affiliated programs in States currently unserved by university-affiliated programs and satellite centers. In awarding such grants, the Department should give priority to those unserved areas in which feasibility studies indicate a need and a potential for success. The remaining $400,000 is for specialized training initiatives in aging, early intervention, and paraprofessional personnel preparation. When awarding training grants emphasis should be placed on those university affiliated programs which do not currently receive training funds.

Native American programs

The Administration on Native Americans administers direct financial assistance grants, contracts, and interagency agreements to federally recognized and nonfederally recognized tribes and native American organizations to promote social and economic self-sufficiency.

The Committee recommends $34,300,000 for this program, $4,325,000 more than the budget request, the fiscal year 1989 appropriation, and the House allowance.

The Committee has included $1,000,000 to complete the funding for the native Hawaiian revolving loan program, authorized by Public Law 100-175. This brings the total appropriations for this account to $3,000,000, which is what was contemplated by the authorization committee.

Program direction

This activity supports Federal staff that administer all of the programs in the Office of Human Development Services. The Committee recommends $69,586,000 for this activity, $700,000 over the budget request and $3,446,000 over the fiscal year 1989 funding level. The Committee has also included an additional $700,000 to establish and implement a data collection system for foster care and adoption administrative costs. These funds will support staff, travel, training, and other Federal administrative costs with the establishment, implementation, and operation of this new system.

The Committee was very pleased that OHD followed its recommendation last year to target initiatives toward American Samoan projects through its discretionary funding process. These funds have been very useful in addressing the chronic unemployment and human service needs of this special population, providing, for example, support for bilingual and bicultural employment initiatives in Hawaii. The Committee recommends that OHD continue to target this population during this fiscal year and build upon its successes of the previous year.

The Committee intends that OHDS continue and expand its efforts to address the issues of HIV infection in the pediatric population and adolescents (especially runaway youths and persons with disabilities) through the Administrations within the Department (ADD, ACYF, Children's Bureau). Discretionary moneys should be made available to further develop innovative approaches to serve these vulnerable populations. OHDS should examine the programs already under its jurisdiction and utilize existing programs to develop these approaches.

The Committee strongly urges that discretionary funds be made available to encourage the establishment of family support and resource programs, which seek to prevent a range of problems including substance abuse, child abuse, and teen pregnancy. Specifically, the Committee would encourage the OHDS to establish a clearinghouse to disseminate information about various family resource program models and provide training and technical assistance regarding such programs. In addition, funds should be made available for the evaluation of the effectiveness of various types of family resource program models.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

Appropriations, 1989	$1,498,252,000
Budget estimate, 1990	1,286,447,000
House allowance	1,556,364,000
Committee recommendation	1,286,447,000

The Committee recommends an appropriation of $1,286,447,000 for payments to States for foster care and adoption assistance. This is the same level as the administration request, and $211,805,000 less than the fiscal year 1989 appropriation. Of the total recommended appropriation, $1,161,181,000 would be for foster care, and $125,266,000 would be for adoption assistance. In the absence of an administration request, no funding has been provided for prior year claims

The Committee has also included $50,000,000, not requested by the administration, to continue the Independent Living Program. The Independent Living Program provides specialized services to assist older foster care children make the transition, by age 18, to living on their own as independent adults.

The Foster Care Program provides Federal reimbursement to States for: Maintenance payments to families and institutions caring for eligible foster children, matched at the Medicaid medical assistance rate for each State; and administration and training costs to pay for the efficient administration of the Foster Care Program, and for the training of foster care workers and parents. State claims for foster care administrative costs have risen dramatically since 1981. Claims by States for administrative costs grew over 1,200 percent between 1981 and 1989, and in 1987, 11 States claimed more for administrative costs than for maintenance payments. Because a wide range of activities are allowed for reimbursement as administrative costs under the law, it is not clear exactly what these increased administrative claims are paying for. Therefore, the Committee directs the Administration on Children Youth and Families to establish and implement a system to collect data on State foster care and adoption assistance administrative cost expenditures. The data collected should provide State expenditure information by administrative activity categories separately for foster care and adoption. The specific activity categories and data elements are to be defined by the Secretary in regulation. Because of the urgent need for administrative cost information, the Committee expects the Secretary to issue rules implementing this system directly as final regulations. The Committee has provided an additional $700,000 in the HDS program administration activity to cover the staff, travel, and training costs associated with the establishment, implementation, and operation of the system.

The Adoption Assistance Program provides funds to States to assist in paying maintenance costs, and the nonrecurring costs of adoption, for children with special needs, with the goal of facilitating the placement of hard-to-place children in permanent adoptive homes, and thus prevent long, inappropriate stays in foster care. As in the Foster Care Program, State administrative and training costs are reimbursed under this program.

DEPARTMENTAL MANAGEMENT

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 1989	$69,058,000
Budget estimate, 1990	90,327,000
House allowance	80,327,000
Committee recommendation	90,577,000

The Committee recommends an appropriation of $90,577,000 for general departmental management, including the Office of General Counsel. This is $250,000 more than the administration request and $10,250,000 more than the House allowance. The Committee recommendation is $215,519,000 more than the fiscal year 1989 level.

The Committee also recommends the transfer of $31,201,000 from the Social Security and Medicare trust funds. This is equal to the administration's request and the House allowance, and is $526,000 more than the fiscal year 1989 amount.

The general departmental management appropriation supports activities associated with the Secretary's roles as policy officer and general departmental manager, including the areas of public affairs, executive secretariat, legislative services, planning and evaluation, procurement assistance, facilities management, legal services, and policy planning, and functional guidance for all departmental operations.

The Committee concurs with the House Committee in including funds requested for a separate "Office of General Counsel" account in the "General departmental management" account.

Transportation assistance and coordination

The Committee notes that the largest single funding agency for rural and special transportation systems is the Department of Health and Human Services. There are over 100 Federal programs, primarily administered by the Department of Health and Human Services, providing some transportation assistance. HHS provides at least $800,000,000 annually to give transportation assistance to the elderly, poor of all ages, persons with disabilities, and children.

Rural and special transportation programs funded by HHS are not generally coordinated with one another or with those provided by the Urban Mass Transit Administration [UMTA]. Further, those receiving UMTA funding have access to special technical assistance, information, and training that is not available to programs funded exclusively by HHS. The Committee is concerned that the current system may foster duplication and inefficiency.

The Committee has added $250,000 in grant funds to the "Departmental management" account to carry out a program to improve coordination and provide technical assistance, information, and training to HHS-funded human service transportation services. The activities to be undertaken will be aimed at providing more efficient use of equipment, facilities, and staff resources at the local level and enhancing coordination with UMTA rural and HHS rural and special transportation resources at all levels of government. Special emphasis is to be placed on providing information, technical data, and assistance to local agencies to improve management of transportation services and the acquisition of appropriate equipment and facilities.

Grant funds are to be made available to a qualified private, nonprofit organization whose principal purpose is to provide technical assistance on rural and special transportation. This organization shall have experience at the national level.

In addition to providing coordination and technical assistance, the grantee shall also provide a report to the Secretary listing the improvements needed in current law, regulation, and procedure to increase efficiency in this area.

Nurses

The Committee commends the efforts of the Secretary's Commission on Nursing during the past fiscal year to address the critical issue of the nursing shortage in this country. It is clear that there are viable solutions to ensure that an adequate supply of nurses is available to deliver quality health care in a geographically equitable manner. The Committee, therefore, requests that the Secretary's Commission on Nursing continue its efforts to address the ongoing crisis of the nursing shortage.

The Committee continues to be very concerned that the Department make a special effort to ensure that professional nurses are appointed to various policy boards and committees. The current nursing shortage crisis has major ramifications for all aspects of our Nation's health programs and the Committee feels that nursing expertise must be actively involved in policy recommendations.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1989	$46,092,000
Budget estimate, 1990	49,498,000
House allowance	49,498,000
Committee recommendation	50,600,000

The Committee recommends new budget authority of $50,600,000 for the Office of the Inspector General [OIG], plus a $44,300,000 transfer from the Social Security trust funds for total obligational authority of $94,900,000. The Committee recommendation is $2,102,000 above the administration request, $1,102,000 over the House amount, and $9,288,000 over the fiscal year 1989 appropriation.

The Office of the Inspector General is comprised of three components: the Office of Audit, the Office of Investigations, and the Office of Analysis and Inspections. Each component focuses on three primary areas of the Department—the Health Care Financing Administration [HCFA], the Social Security Administration [SSA], and grants and internal systems. Activities cover all six operating divisions of the Department, including HCFA, SSA, the Family Support Administration [FSA], the Public Health Service [PHS], Human Development Services [HDS], and Office of the Secretary. Through a program of audits, investigations, inspections, and program evaluations, the Office of the Inspector General reduces the incidence of fraud, waste, abuse, and mismanagement, and promotes economy, efficiency, and effectiveness throughout the Department.

The Committee recognizes that responsibilities of the Office of Inspector General are increasing through new legislation and expansion of departmental programs and activities. The Committee has increased funding for the Office of Inspector General in order to support an additional 22 full-time equivalent positions and funds to review the effectiveness of program payment safeguards. It is expected this increase will result in approximately $147,000,000 in greater savings through additional enforcement and oversight measures.

OFFICE FOR CIVIL RIGHTS

Appropriations, 1989	$15,979,000
Budget estimate, 1990	17,567,000
House allowance	17,567,000
Committee recommendation	17,567,000

The Committee recommends $17,567,000 in Federal funds for the Office for Civil Rights [OCR], which is an increase of $1,588,000 from the fiscal year 1989 amount, and the same as the House allowance and the administration's request. Also included is authority to spend $4,000,000 from the Social Security trust funds, $48,000 more than the fiscal year 1989 amount.

OCR is responsible for enforcing civil rights-related statutes in health care and human services programs. To enforce these antidiscrimination statutes, the office investigates complaints of discrimination, conducts comprehensive reviews of programs to correct discriminatory practices, conducts outreach initiatives, and provides technical assistance to encourage voluntary compliance among health and human services providers and constituency groups.

The Committee intends that the Office for Civil Rights increase its oversight, enforcement, and technical assistance to States and Department grantees in order to prevent inappropriate denial of services to persons with HIV infection.

POLICY RESEARCH

Appropriations, 1989	$7,851,000
Budget estimate, 1990	5,012,000
House allowance	5,012,000
Committee recommendation	5,012,000

The Committee recommends an appropriation of $5,012,000 for policy research. This is the same as the administration request, the same as the House allowance, and $2,839,000 less than the fiscal year 1989 appropriation.

This program is authorized by section 1110 of the Social Security Act. It constitutes one of the Department's principal sources of policy-relevant data and research on income sources of the low-income population; on the impact, effectiveness, and distribution of benefits under existing or proposed programs; and, on specific issues that impact upon programs affecting more than one agency within the Department. Policy research is used to analyze issues that cannot be covered in other departmental research programs or under existing evaluation activity. Funding is provided to continue the ongoing, highest priority research and further development of simulation models used for analysis of policy alternatives.

The Committee supports the ongoing national panel study on income dynamics, and is aware of the contributions the PSID has made to economic policy. The Committee is concerned that no representative sample of economic data on Latino families exists, although Latinos represent a growing portion of the Nation's population. The Committee encourages the Department to provide funding to add a representative Latino sample to the PSID.

Recycling

The Committee has added a general provision that would allow the Department to retain funds earned from recycling efforts. Funds collected from sales of energy recovered from solid waste or waste materials would be credited to appropriation accounts in this section of the act. These funds shall remain available until expended.

Public Health Service full-time equivalents

The Committee once again notes that as the AIDS budget has increased, the Public Health Service [PHS] has had to divert personnel from other areas of responsibility to effectively manage its AIDS efforts. Since 1983, FTE for non-AIDS have decreased by almost 4,638, while AIDS FTE's have increased by approximately 1,626. Though the Committee has continuously expressed concern about constrained FTE levels through language contained in the reports accompanying the appropriations bills, the administration has steadfastly neglected the Committee's direction. For example, the fiscal year 1990 President's budget provides an increase of 296 FTE's for AIDS activities while reducing non-AIDS activities by 311 FTE's.

It is the Committee's intent that no personnel ceilings may be imposed, or any other action may be taken which would have the effect of restricting PHS programs from carrying out the activities funded by Congress in the Department of Health and Human Services appropriation acts. This restriction would apply to the Health Resources and Services Administration; the Centers for Disease Control; the National Institutes of Health; the Alcohol, Drug Abuse, and Mental Health Administration; and the Office of the Assistant Secretary for Health.

The Committee intends that the PHS programs have the flexibility to use funds appropriated to hire Federal employees to ensure that high priority initiatives for which additional funds are identified in Committee reports can be accomplished. These high priority initiatives include AIDS, biomedical research, substance abuse, mental health, and other activities. The removal of FTE limitation constraints will enable the PHS agencies to hire staff when necessary to act more swiftly and effectively to carry out their responsibilities including appropriate responses to Committee directives.

The Committee will carefully review the FTE requirements and utilization of the PHS activities. The Committee expects the PHS agencies and programs to continue to manage their FTE's wisely and does not anticipate that the inclusion of this language will result in large increases in the number of FTE's for the non-AIDS activities. Specifically, the Committee's action is not intended to restrict PHS agencies and programs from contracting out certain activities and services when the PHS agencies and programs determine that such action is advantageous to the Federal Government. To provide guidance in this area, the Committee has included a table to serve as a guide (not a ceiling) on the level of FTE's provided by the Committee to carry out the fiscal year 1990 Committee appropriation allowances. However, the Committee fully expects that specific Committee approval will be sought before any of these agency FTE guidelines are exceeded by more than 5 percent. The table follows:

PUBLIC HEALTH SERVICE—FTE HISTORY

	1983 actual	1988 actual	1989 ceiling	1990 President's budget	Senate allowance
Health Resources and Services Administration:					
Non-AIDS	4,737	2,225	2,044	1,876	2,178
AIDS		25	25	50	50
Subtotal, Health Resources and Services Administration	4,737	2,250	2,069	1,926	2,228
Centers for Disease Control:					
Non-AIDS	3,951	3,927	3,970	3,935	4,172
AIDS	45	489	523	635	815
Subtotal, Centers for Disease Control	3,996	4,416	4,493	4,570	4,987
National Institutes of Health:					
Non-AIDS	13,355	12,713	12,472	12,327	12,652
AIDS	59	537	780	887	1,153
Subtotal, National Institutes of Health	13,414	13,250	13,252	13,214	13,805
Alcohol, Drug Abuse, and Mental Health Administration:					
Non-AIDS	1,659	1,653	1,613	1,684	1,711
AIDS		47	80	120	126
Subtotal, Alcohol, Drug Abuse, and Mental Health Administration	1,659	1,700	1,693	1,804	1,837
Office of the Assistant Secretary for Health:					
Non-AIDS	1,600	858	876	842	871
AIDS		15	26	38	39
Subtotal, Office of the Assistant Secretary for Health	1,600	873	902	880	910
Total, Public Health Service:					
Non-AIDS	25,302	21,376	20,975	20,664	21,584
AIDS	104	1,113	1,434	1,730	2,183
Total	25,406	22,489	22,409	22,394	23,767

TITLE III—DEPARTMENT OF EDUCATION

COMPENSATORY EDUCATION FOR THE DISADVANTAGED

Appropriations, 1989	$4,579,138,000
Budget estimate, 1990	4,980,441,000
House allowance	5,580,069,000
Committee recommendation	5,080,762,000

The Committee recommends an appropriation of $5,080,762,000 for compensatory education for the disadvantaged. This is $100,321,000 more than the administration's request and $501,624,000 more than the fiscal year 1989 comparable appropriation. The House allowed $5,580,069,000.

Programs financed under this account are authorized under the Elementary and Secondary Education Act, as amended by the Hawkins-Stafford Elementary and Secondary School Improvement Amendments of 1988 (Public Law 100-297), and section 418A of the Higher Education Act of 1965, as amended. Chapter 1 programs provide financial assistance to State and local educational agencies to meet the special educational needs of educationally disadvantaged children, migrant children, handicapped children in State-operated programs, neglected and delinquent children in State institutions, and juveniles in adult correctional institutions. Funds for each of these programs are allocated on a formula based on the number of eligible children and each State's average per pupil expenditure. The chapter 1 appropriation also supports State administration expenses, evaluation and technical assistance activities, rural educational opportunities, and State program improvement grants.

The High School Equivalency Program [HEP] and College Assistance Migrant Program [CAMP] provide grants to institutions of higher education to assist migrant and seasonal farmworkers past the age of compulsory school attendance to complete the courses necessary to receive a high school diploma or its equivalent, and to assist migrant students enrolled in their first undergraduate year at a college or university.

Chapter 1 evaluation and technical assistance and the HEP and CAMP Programs are current funded, with funds available for obligation from October 1 to September 30. All other programs in this account are forward funded; with funds appropriated for fiscal year 1990 becoming available for obligation on July 1, 1990, and remaining available through September 30, 1991. These funds will generally support projects in the 1990-91 school year.

Grants to local educational agencies

For this program, the Committee recommends an appropriation of $4,500,000,000, which is $473,900,000 more than the comparable fiscal year 1989 level and $337,012,000 more than the administration request. The House allowed $4,957,000,000.

Grants made under this activity provide financial assistance to local school districts to support supplementary compensatory education services designed to increase the educational attainment of educationally disadvantaged children to a level appropriate for children of their age.

Approximately 90 percent of the Nation's school districts participate in the chapter 1 program. Financial assistance flows to school districts by formula, based on a State's average per pupil expenditure for education and the number of school age children from low-income families. The chapter 1 authorizing statute permits school districts to use up to 5 percent of their chapter 1 funds for innovative projects; evaluation of program effectiveness in improving student academic performance; and/or strengthening parental involvement.

Within the amount provided, $300,000,000 shall be distributed as concentration grants. This is $127,100,000 more than the fiscal year 1989 appropriation and $37,012,000 more than the President's request. Concentration grants are awarded to school districts located in counties with at least 6,500 children from low-income families or a poverty rate of at least 15 percent. Because concentration grant funds are used for exactly the same purposes as basic grant funds, local education areas are not required to account for these funds separately from their basic grant funds. The Committee has included bill language to continue the current practice of ensuring that no State receive less than $340,000 in concentration grant funds. This funding floor was included in the appropriations act for fiscal year 1989.

Capital expenses for private school children

The Committee recommends a total of $22,000,000 for the Capital Expenses Program. This amount is $2,240,000 more than the administration request and the 1989 appropriation. The House provided $30,000,000.

The 1989 appropriation was the first appropriation for the Capital Expenses Program. Funds are available for the purpose of assisting local school districts to pay the additional capital costs associated with the Supreme Court's *Felton* decision controlling the provision of equitable chapter 1 services to private school students. Funds are allocated to States based on their proportion of nonpublic school students served under the Chapter 1 Basic Grants Program in school year 1984–85. States, in turn, distribute these funds to applicant local education areas based on their needs.

Capital expenses funding may be used by the districts to: rent classroom space in neutral sites; rent or purchase mobile vans for chapter 1 instruction; and/or transport private school children to the place of chapter 1 instruction.

Even start

For the second year of the Even Start Program, the Committee recommends $19,000,000, $4,180,000 more than the administration request and the 1989 appropriation. The House provided $30,000,000.

The Even Start Program provides grants to eligible school districts to operate unified educational programs of early childhood education and adult education, for those parents of children under 7 years of age who live in chapter 1 eligible school attendance areas.

Of the funds appropriated, 3 percent must support migrant even start programs; a small additional amount is set aside for program evaluation activities. The remainder is rewarded directly to local education agencies. The authorizing statute requires an equitable distribution of funds between rural and urban areas. The level of Federal support of each project decreases by 10 percent each year, from 90 percent of a project's total cost, to 60 percent in its fourth and any subsequent year. Thus, under the amount provided, approximately $5,800,000 will be available for a new competition for awards in fiscal year 1990.

State agency programs

For the State agency migrant program, the Committee provides $280,938,000, which is $9,238,000 more than the comparable 1989 level. The amount provided is the same as the administration request. The House allowed $290,938,000. The chapter 1 migrant program authorizes grants to State education agencies for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funds are allocated to the States through a statutory formula based on the number of full-time equivalent migrant students age 3 through 21 residing in each State and the State's per pupil expenditures.

Eligible student population counts for this program are determined by the migrant student record transfer system [MSRTS], which also provides centralized storage of migrant students' school and health records. Funds provided for this program also support the administrative costs of MSRTS as well as inter- and intra-State coordination activities.

For the State agency Handicapped Program, the Committee provides $148,200,000, which is the same as the comparable 1989 level, the administration request, and the House allowance. The program provides formula grants to States to support special educational services for handicapped children in State-operated or State-supported programs. Funds may be passed through to local educational agencies for the purpose of providing services to students who have been transferred from State to local schools. Funds are allocated based on each State's per-pupil expenditure and the number of handicapped children who are either in State-operated or supported programs or in local district programs

The Committee recommends $31,616,000 for the Neglected and Delinquent Program. This amount is the same as the fiscal year 1989 comparable level and $3,162,000 less than the administration request and the House allowance. This program provides financial assistance to State educational agencies for special educational services to neglected and delinquent children in State-run institutions and community day school programs as well as juveniles in adult correctional institutions.

States are authorized to set aside up to 10 percent of their neglected and delinquent funds to help students in institutions make the transition into locally operated schools. Designed to address the high failure and dropout rate of institutionalized students, these activities could support alternative classes, counseling and supervisory services, and/or State-supported group homes.

State administration

The Committee provides $40,508,000 for State administration, the same as the comparable 1989 level and the administration request. The House allowance is $54,609,000. These funds enable State educational agencies to meet their administrative responsibilities under the chapter 1 local educational agency program and the State agency programs. These responsibilities include the provision of technical assistance to improve program quality at the local level and help refine and develop standards for program effectiveness. The authorizing statute sets minimum funding levels for State administration, providing that no State shall receive less than $325,000, or $50,000 in the case of the outlying areas.

State program improvement grants

For State program improvement grants, the Committee recommends $10,000,000, $2,443,000 more than the administration's request and $4,314,000 more than the comparable 1989 appropriation. The House provided $13,652,000.

Funds for this activity support the efforts of State educational agencies in helping local school districts improve the quality of chapter 1 projects that have been ineffective in improving academic performance. Under the authorizing statute, State educational agencies are required to assist school districts that have been unsuccessful over a period of time in improving the performance of students served by chapter 1 programs. In such instances, States will develop joint improvement plans with local educational agencies. Funds provided for program improvement grants are used for direct educational services to implement program improvement plans.

Evaluation and technical assistance

The Committee recommends $12,000,000 for evaluation and technical assistance activities. This amount is $4,096,000 more than the fiscal year 1989 comparable appropriation and the same as the administration's request and the House allowance.

Authorized activities under this program include Federal evaluations, technical assistance, research, and data analysis. In addition to ongoing evaluations, data analysis, and technical assistance activities, this funding will support the second year of the mandated 10-year longitudinal study of chapter 1 students.

The Committee has included bill language that would allow the Secretary to obligate chapter 1 funds for evaluation and technical assistance activities upon the publication of a notice of proposed rulemaking rather than final regulations, for all currently operating programs authorized under chapter 1. The Committee is aware that the Department's delay in the publication of final regulations now involves only one chapter 1 program, and expects the office responsible for administering the program to act expeditiously to complete this task. Similar, although broader language was included in the 1989 appropriations act so that no disruption would occur in the operation of evaluation and technical assistance activities. However, the Committee wishes to emphasize that this will be the last year the Committee will consider the inclusion of such language.

Rural educational opportunities

The Committee recommends $6,000,000 for the rural educational opportunities program; $2,048,000 more than the fiscal year 1989 comparable appropriation. The House terminated funding for this activity. The administration's request also sought the termination of this program. Funds support 10 rural assistance centers in providing technical assistance toward improving educational services for chapter 1 children in attendance at small or rural schools.

The Committee is very concerned that, in developing the location of the 10 regional rural assistance programs, the Secretary has sought to establish a system under which the services provided by the rural assistance centers will supplant rather than supplement the services provided to rural areas by the regular compensatory education technical assistance centers. The Committee will call for a thorough investigation and take appropriate action should it appear that State and local education agencies serving rural areas suffer a decline in services from the regular technical assistance centers as a result of the establishment of this rural education initiative.

Presidential merit schools

The President has proposed $250,000,000 for a new program, Presidential merit schools. This program would provide cash awards to public and private elementary and secondary schools that have made substantial progress in: raising student educational achievement; creating a safe and drug-free school environment; and reducing the dropout rate.

Funds would be allocated to States to provide awards to individual schools, based on the State's school-aged population and share of chapter 1 basic grants funding. Chosen by special State review panels, a winning school could use its award for any purpose which would further its educational program, including equipment purchases, program development, and staff bonuses.

The Committee has stricken language inserted by the House allowing the Secretary to divert up to $250,000,000 from the chapter 1 program for the President's merit schools initiative should legislation authorizing such a program be authorized in law prior to March 1, 1990. Legislation which would establish such a program has been reported by the Labor and Human Resources Committee but would not authorize funding for this initiative until fiscal year 1991. Thus, the Committee did not consider funding for this program. To date, no legislation has been reported by the appropriate committee in the House of Representatives authorizing such a program.

High School Equivalency Program and College Assistance Migrant Program

For the High School Equivalency Program [HEP], the Committee provides $8,500,000, $1,090,000 more than the administration request, the House allowance, and the fiscal year 1989 comparable level.

The High School Equivalency Program provides 3-year grants to provide the outreach, teaching, counseling, and placement services necessary to recruit and serve eligible migrant dropouts.

For the College Assistance Migrant Program [CAMP], the Committee provides $2,000,000, $518,000 more than the fiscal year 1989 comparable level, the administration request, and the House allowance.

The College Assistance Migrant Program helps migrant and seasonal farmworkers enrolled as first-year undergraduates to make the transition from secondary to postsecondary education. Participants receive tuition scholarships as well as tutoring and counseling services.

For both the HEP and CAMP programs, funds provided for fiscal year 1990 will finance the first year of new 3-year awards resulting from the new grant competition currently in progress.

IMPACT AID

Appropriations, 1989	$733,096,000
Budget estimate, 1990	629,260,000
House allowance	739,260,000
Committee recommendation	731,854,000

The Committee recommends an appropriation of $731,854,000 for impact aid, which is $102,594,000 more than the administration's request. The recommendation is $1,242,000 less than the fiscal year 1989 appropriation. The House provided $739,260,000.

Impact aid helps to compensate school districts for the cost of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities. Included in this program are: Payments for "a" children; payments for "b" children; payments for Federal property (section 2); disaster assistance; and construction.

All programs in this account, with the exception of disaster assistance and construction, are currently funded, with funds available for obligation from October 1 to September 30. Disaster assistance and construction funding remains available until expended.

Category "a" payments

Category "a" children are those who reside on and whose parents work on Federal property or are on active duty in the uniformed services. Also in category "a" are children residing on Indian lands or in Federally subsidized low-rent housing.

The Committee provides $580,000,000 for payments made on behalf of "a" children. This amount is $21,780,000 more than the fiscal year 1989 comparable appropriation and $1,684,000 more than the administration's request. The House provided $573,316,000.

The authorizing statute, as amended in 1988, maintains a three-tiered formula for section 3(a) payments, the same system that has been utilized since fiscal year 1989. The formula sets different payment rates for school districts in which "a" children represent 20 percent or more of average daily attendance ("super a" districts), school districts in which "a" children represent at least 15 percent but less than 20 percent of the average daily total attendance ("subsuper a" districts) and school districts in which "a" children represent less than 15 percent of the average daily total attendance ("regular a" districts). The authorizing statute also provides for a hold-harmless payment for section 3(a) districts and stipulates that payments made on behalf of "a" children residing in federally subsidized low-rent housing be made at the same rate as other "a" children.

The Committee is very concerned that the formula for section 3(a) and 3(b) payments provides for relatively small awards to numerous school districts receiving a small percentage of entitlement for federally connected children. The requirement to finance these awards has greatly limited the Committee's ability to provide adequate funding to school districts that are impacted to a moderate or large degree by Federal activities. The result is that students from districts with a significant number of federally connected children are penalized for living on Federal property and/or having parents that are employed by the Federal Government. The Committee has, therefore, established a minimum section 3 payment.

Under this provision, local educational agencies will receive section 3 payments only if their total "a" and "b" payments, individually or combined, equal at least 1 percent of their total current expenditures [TCE] for fiscal year 1990. The imposition of this minimum payment will result in additional resources being freed up to better provide for those districts that are moderately or heavily impacted by Federal activities. Thus, under the amount provided by the Committee, such districts will receive slightly more than they would receive if the section 3 payments were fully funded at the authorized ceiling of $785,000,000.

The Alaska State School District, which has been in operation since 1974, was originally created after extensive consultation and with the consent of the Department of Education. Certain changes to the school district are proposed to ensure continued compliance with Federal law. The Department of Education has acknowledged in correspondence that these changes, including the creation of new districts in Alaska, are legal. Furthermore, the Senate's portion of impact aid funding would be significantly reduced. Therefore, the Committee does not feel that the abuse cited in the House language applies to the situation in Alaska.

Section 3(d)(2)(B) payments

Section 3(d)(2)(B) payments compensate several of the Nation's most heavily impacted school districts for reduced revenues as a result of Federal activity. The supplemental payments are authorized to the extent necessary to enable eligible districts to provide educational services at a level equivalent to that provided by comparable districts in their States. The total of all 3(d)(2)(B) payments may not exceed $20,000,000 annually as mandated in Public Law 101-26 enacted May 11, 1989.

Category "b" payments

Category "b" children are those who reside on or whose parents work on Federal property or are on active duty in the uniformed services.

A total of $110,500,000 is provided for category "b" payments, $24,856,000 less than the fiscal year 1989 comparable appropriation. The administration requested no funding for "b" payments. The House provided $125,000,000.

The authorizing statute mandates a two-tiered formula for section 3(b) payments. The formula sets different payment rates for school districts in which "b" children represent 20 percent or more of the total average daily attendance ("super b" districts) and districts in which "b" children represent less than 20 percent of total average daily attendance ("regular b" districts). The statute also provide for a hold-harmless payment at the 1987 level for districts in which "b" children represent 20 percent or more of the total average daily attendance. Under the amount provided, all eligible school districts will receive approximately the same section 3(b) payments in fiscal year 1990 as they received in fiscal year 1989 except those districts subject to the minimum payment provision cited above.

Section 2 payments for Federal property

The Committee provides $15,354,000 for section 2 payments, $534,000 more than the fiscal year 1989 comparable appropriation, the same as the House allowance and the administration's request.

Section 2 payments are made to local school districts that have a partial loss of tax base (10 percent or more of assessed value at the time of acquisition) as a result of the Federal Government's acquisition of property. Payments are not tied to the presence of federally connected children in the district. The Committee's recommendation is estimated to be sufficient to continue to provide 100 percent of entitlement for section 2 payments.

Disaster assistance

The Committee has not provided funding for disaster assistance for fiscal year 1990. The House took similar action. Although the administration requested $10,000,000 for this activity, the rate at which funds have been drawn from this account during fiscal year 1989 indicates that funds carried over from previous years may be sufficient to meet new 1990 applications and projects continuing from prior years.

The disaster assistance program provides funds to local educational agencies affected by Presidentially declared disasters to enable them to make repairs, provide temporary facilities, replace instructional materials and equipment, and pay increased operating expenses.

Effect of base closures

Pursuant to reports received from the Departments of Defense and Education, as requested by Senate Report 100-41, the Committee notes that impact aid payments to local school districts under Public law 81-874 will not be affected by the closure of military bases during fiscal year 1990. The Committee is aware, however, that the present tentative military schedules for closures and realignments indicate that a number of communities throughout the country will be coping with the closure of military bases in 1991 under the provisions of the Base Closure and Realignment Act (Public Law 100-526). In many of the affected communities, school system budgets receive significant amounts of impact aid funding and an abrupt withdrawal of such aid could cause serious disruption in the ongoing educational activities of affected school districts.

In order for the Committee to adequately assess the effect of an abrupt withdrawal or reduction in impact aid payments, specific estimates of the fiscal year 1991 impact on individual school districts are required. The Committee, therefore, directs the Secretary of Education, in consultation with the Secretary of Defense, to submit to the Committee no later than March 1, 1990, a report on the potential fiscal year 1991 impact of Public Law 100-523 on payments under Public Law 81-874. The report shall include the following: a listing of specific school districts which will be affected by base closures or realignments during fiscal year 1991; estimates of the number of children involved in each of the affected school districts; and the likely effect on Public Law 81-874 payments for each of the affected school districts, including any potential loss of payments resulting from changes in the percentage of federally connected students in individual districts and the concomitant changes in per-student payment levels.

Construction

The Committee has included $26,000,000 for construction, which is $1,300,000 more than the fiscal year 1989 comparable appropriation and $410,000 more than the administration's request. The House provided $25,590,000, the same as the administration request.

Construction activities provide grants to school districts or support direct Federal activities to repair and construct urgently needed minimum school facilities in school districts where the enrollment and the availability of local revenues have been adversely affected by Federal activities. Funds provided by the Committee for 1990 will support awards under sections 5, 10, and 14 of Public Law 81-815. Section 5 supports awards to districts experiencing an increase in Federal activity; section 10 supports awards to districts where State or local funds are prohibited from being expended on federally connected children; and section 14 grants go to districts comprised mainly of Indian lands or which provide educational services to children residing on Indian lands, and to districts comprised mainly of Federal lands with inadequately housed pupils. Approximately 90 continuations and 17 to 26 new awards will be supported with the funds provided.

In 1990, section 10 funds made available through both the Department of Education and the Department of Defense will be used to continue to meet the construction needs identified in the report to Congress on school facilities on military installations. Section 10 funds are also expected to be used for asbestos abatement in section 10 buildings owned by the Education Department, as required by the Asbestos Hazard Emergency Resources Act, and for emergency repairs to maintain safe conditions in section 10 schools.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 1989	$1,217,099,000
Budget estimate, 1990	1,360,770,000
House allowance	1,170,527,000
Committee recommendation	1,290,585,000

The Committee recommends an appropriation of $1,290,585,000 for school improvement programs. This amount is $70,185,000 less than the administration's request and $73,486,640 more than the fiscal year 1989 comparable appropriation. The House provided $1,170,527,000.

The "School improvement programs" account includes the chapter 2 State Block Grant Program to assist States and localities in supporting educational improvement, and an array of programs addressing national concerns or special educational needs. It also includes funding for chapter 2 national programs, the Drug-Free Schools and Communities Programs, and a variety of other categorical programs of national interest.

State block grants

The Committee recommends $462,977,000 for the State Block Grant Program. This amount is the same as the fiscal year 1989 comparable appropriation and the House allowance. The President requested $478,718,000.

The chapter 2 State Block Grant Program provides grants to State educational agencies [SEA's] to improve elementary and secondary education for students in public and private schools. Of the funds provided to the SEA's, 80 percent of each State's total allocation must be passed through to local educational agencies. Chapter 2 funds may be used for the acquisition of educational materials including classroom and library books; the training and professional development of teachers, counselors, administrators, and school board members; the financing of programs to meet the educational needs of students at risk of failure and/or students for whom providing an education entails higher than average costs, and financing innovative programs designed to carry out schoolwide improvements and/or enhance the educational program and climate of the school. Local education agencies have complete discretion in distributing funds among the variety of permissible activities.

National programs

For the national diffusion network [NDN], the Committee provides $13,000,000, $1,800,000 more than the administration request and the House allowance. The amount provided is $1,934,000 more than the fiscal year 1989 level. NDN facilitates school improvement by identifying and disseminating information about programs that work, bringing alternatives to the attention of educators throughout the Nation who are interested in improving their education programs, and providing training and followup technical assistance for those who decide to adopt a particular program. A program effectiveness panel reviews programs seeking inclusion in the NDN. The review focuses solely on the efficacy and transferability of the program.

The Committee expects that $750,000 of the additional funds provided above the fiscal year 1989 level will be used to disseminate additional exemplary projects in mathematics and science education through the NDN, and support additional developer demonstrator activities to facilitate adoptions of mathematics and science projects. The Committee further expects $250,000 of the additional funds will be used for the enhanced dissemination of exemplary programs in special education. Specifically, this additional allocation may be used for grant supplements to currently funded NDN developer demonstrators whose focus is special education; grant supplements to some of the currently funded NDN State facilitators for special outreach in their respective States toward the local adoption of nationally validated special education programs; outreach efforts to identify special education programs and practices with the demonstrated potential to become nationally validated and/or mini-grants to such identified entities to enable them to appropriately evaluate their programs toward possible validation.

For the Inexpensive Book Distribution Program, the Committee provides $10,000,000, $1,316,000 more than the House allowance and the administration request. This level is $1,602,000 more than the fiscal year 1989 comparable level. This program distributes books to children from low-income families to help motivate them to read. Through this program, more than 6 million books are distributed to more than 2 million children annually. This program has been successful in motivating children to read, increasing the use of libraries, increasing parental involvement in schools, and contributing to improved reading achievement.

For the Arts in Education Program, the Committee provides $3,900,000, $318,000 more than the administration request and the House allowance. This will support two awards of national significance. An award of $966,264 will be made to the John F. Kennedy Center for the Performing Arts to support the Alliance for Arts Education, whose focus is on the advancement, quality, and integration of the arts into basic education programs. This grant also provides partial support for three programs—Programs for Children and Youth, the American College Theatre Festival, and the National Symphony Orchestra Education Program—that provide opportunities for children and youth to participate in the arts as performers or as audiences at live performances. This level is the same as the fiscal year 1989 comparable level.

Increased funds are provided to this program to enhance the award to the very special arts organization, for which a total of $2,933,736 is appropriated. Very special arts supports the development of quality programs to integrate the arts into the general education of disabled students and the lives of disabled adults. This grant also supports the Very Special Arts Festival Program in every State, as well as research projects, curriculum development, and teacher training. The amount provided by the Committee represents an increase of $352,649 above the fiscal year 1989 comparable appropriation.

The Law-Related Education Program promotes efforts to educate individuals about law, the legal process, the legal system, and the principles and values on which these are based. For this purpose, $4,000,000 is provided, $48,000 more than the administration request and the fiscal year 1989 comparable appropriation. The House provided $5,000,000.

For blue ribbon schools, the Committee provides $1,000,000, $100,000 less than the administration request, and the same as the House allowance. This program provides the Secretary with the authority to conduct competitions to recognize schools and school programs for their high quality. Schools or programs are to be selected solely on merit. The Secretary's elementary and secondary school recognition programs are conducted in alternate years. In 1990, exemplary elementary schools will be recognized.

Drug-free schools and communities

The Committee provides $393,000,000 for programs authorized under the Drug-Free Schools and Communities Act. This amount is $1,447,000 more than the administration request, $27,447,000 more than the House allowance, and $38,500,000 more than the fiscal year 1989 comparable appropriation. The aim of the Drug-Free Schools and Communities Programs is to bring the Nation closer to the goal of a drug-free generation and a drug-free society. Separately, the Committee has provided $1,000,000 for the National Commission on Drug Free Schools. The House provided the same amount. The President did not request funding for this activity.

State grants

Within the total provided, $319,194,000 is recommended for State grants, $31,464,000 more than the fiscal year 1989 level, and $21,681,000 more than the President's request and the House allowance.

The Drug-Free Schools and Communities State Grants Program distributes funds to the States on the basis of population aged 5 to 17. State and local education agencies receive 70 percent of each State's grant. The State education agency [SEA] may retain up to 10 percent for statewide programs and administrative costs; the remaining 90 percent is passed through to local education agencies [LEA's] for local drug abuse prevention programs.

Thirty percent of each State's grant is under the control of the Governor's office. At least 50 percent of the Governor's set-aside is reserved for awards to local governments and nonprofit entities for innovative, community-based programs for high-risk youth.

Every 2 years, each State must report to the Secretary of Education describing the drug and alcohol problem in the schools of the State, and the types of services provided and populations served with assistance from this program.

Teacher training grants

The Committee provides $7,500,000 for teacher training grants, $500,000 more than the fiscal year 1989 comparable level and $262,000 more than the administration's request and the House allowance. Funds provided for these activities in fiscal year 1989 were authorized under part C of the Drug-Free Schools and Communities Act. The Drug-Free Schools and Communities Teacher Training Program awards competitive grants to establish, expand, or enhance programs and activities for the training of teachers, administrators, and other educational personnel concerning drug and alcohol abuse education and prevention. All projects must be coordinated through the State agency for higher education or the State education agency, and must be coordinated with the activities of the regional centers for drug-free schools.

National programs

For drug-free schools national programs, the Committee has provided $66,306,000, $6,536,000 more than the 1989 level and $4,504,000 more than the President's request. The House provided $60,802,000. Drug-Free Schools and Communities National Programs distribute funds through discretionary grants and contracts. These funds are to be used for programs for students in institutions of higher education, programs for Indian youth, programs for Hawaiian natives, and Federal activities. Funds also support five regional centers for drug-free schools. The regional centers are charged with assisting State and local educational agencies as well as colleges and universities in developing drug prevention program and evaluating such programs.

The Committee has earmarked $500,000 within the amount made available for national programs for innovative alcohol abuse education programs as authorized under section 4607 of the Elementary and Secondary Education Act. Funds will be allocated by the Secretary for teacher training and the development of materials for innovative programs of alcohol abuse education, especially programs that focus on the effect of the disease of alcoholism on the children of alcoholics. It is estimated that there are 7 million children of alcoholics under the age of 18 across the United States. These children are three to four times more likely to become alcoholics than other children. The Secretary is welcome to allocate more than the amount earmarked for this activity from funds provided for national programs should he wish.

Due to the abundance and types of drugs on the streets, substance abuse can begin at a surprisingly early age. Cities are particularly hard hit by this trend. Some children start abusing marijuana, crack, and alcohol or are involved in drug distribution networks as young as 10 and 11 years old. Since the introduction of crack, for instance, juvenile arrests in cities such as New York, Miami, Los Angeles, Philadelphia, and Des Moines, have skyrocketed.

One way to counter this trend is through education and counseling programs that will offer youngsters a sense of self-esteem and self-worth. Well-designed programs for drug-infested areas, especially in urban areas, are urgently needed. Programs centered at school locations which emphasize prevention and intervention through student assistance programs, professional counseling and community outreach services can be effective. Outreach centers that are strategically located for easy accessibility should be publicized to the community to optimize participation. Ideally, these programs should have a built-in evaluation system in order to ensure accountability. Children of substance abusing parents are particularly at high risk. Programs which give these children an opportunity to receive counseling services are important to breaking the vicious cycle of substance abuse.

The Committee, therefore, urges the Secretary of Education, in allocating a portion of funds for National Program demonstration grants, to give consideration to programs which incorporate the above-mentioned criteria and address the needs of urban neighborhoods plagued with a substantial incidence of drug abuse and trafficking such as those in the cities mentioned above.

The Committee also urges the Secretary to give a high priority in awarding demonstration grants to programs that seek to enhance the intensity of counseling services to elementary school students. The Secretary is especially encouraged to support projects such as the smoother sailing program in Des Moines, IA, which have successfully garnered financial contributions from local businesses and have been recognized as model programs by the private sector for replication by other school districts across the country.

National Commission on Drug Free Schools

The Committee has provided $1,000,000 to establish the National Commission on Drug Free Schools. The amount provided is the same as the House allowance. The President, however, did not request funding for this activity. The Commission, as authorized under subtitle B of title V of the Anti-Drug Abuse Act of 1988, will have 26 members including the Secretary of Education, the Director of National Drug Control Policy, four Members of the House of Representatives, and four Members of the Senate. In addition, 16 public members will be appointed by the Secretary and the Director. The Commission is charged with developing a report examining a number of critical issues regarding drug education and how to improve and enhance the national effort to provide a safe and drug-free learning environment for all students in elementary, secondary, and postsecondary education.

Urban emergency grants

The President proposed $25,000,000 for drug-free schools and communities urban emergency grants. This new program would provide seed money for one-time grants to a small number of urban school systems to develop and implement comprehensive approaches to achieving solutions to their drug problems. Legislation establishing this program has been reported to the Senate by the appropriate authorizing committee. The pending legislation, however, expands the purpose of this program to include funding for rural areas facing critical drug-related problems. The Committee applauds this effort which seeks to recognize that drug-related maladies have now permeated many rural areas across the United States. In certain rural areas, there is very real opportunity of ridding the schools and community of drugs through a comprehensive communitywide initiative. However many of these communities are ill-equipped to launch such an effort. The legislation currently pending in the Senate authorizes this activity as a permissible use of State grant funds. Thus, should the authorizing legislation be enacted, a freestanding appropriation for this activity as requested by the President will not be necessary.

Mathematics and science education

The Committee provides $154,000,000 for the Dwight D. Eisenhower Mathematics and Science Education Program, $16,668,000 more than the fiscal year 1989 comparable level, $11,999,000 more than the administration request, and $54,000,000 more than the House allowance.

These funds provide financial assistance to State and local education agencies and institutions of higher education to strengthen the economic competitiveness and national security of the United States by improving the skills of teachers and the quality of instruction in mathematics and science.

For State grants, $145,000,000 is provided. Under the State Grant Program, 50 percent of the funding is distributed to the States according to the relative number of children ages 5 to 17, and 50 percent is distributed based on each State's share of the previous year's chapter 1 allocation. Each State must spend 75 percent of its grant for elementary and secondary programs and 25 percent for higher education programs. Of the State's funds for elementary and secondary programs, at least 90 percent must be distributed to local education agencies. Of this amount, 50 percent is allocated to LEA's based on relative school enrollments and 50 percent is allocated based on chapter 1 poverty criteria. Each State must use a minimum of 5 percent of its funds for demonstration and exemplary programs for teacher training, instructional equipment and materials, programs for historically underrepresented and underserved persons, and/or programs serving gifted and talented students. Additionally, each State may use up to 5 percent of its funds for technical assistance, administration, and evaluation.

Each State must use a minimum of 95 percent of its higher education funding for competitive grants to postsecondary institutions, and may use no more than 5 percent for assessment, administration, and evaluation activities.

The Committee provides $9,000,000 for national programs for math and science education. This program provides grants and cooperative agreements for programs of national significance in math and science instruction. Programs may be designed to improve instruction, provide teacher training, increase the access of underserved and underrepresented students to such programs, and/or disseminate information about exemplary programs of math and science instruction.

The Committee is deeply concerned about the relatively low achievement of American students in mathematics and science. Numerous reports and studies have underlined the need for strong national action to improve recruitment and retention in science and mathematics education. The decline of these areas of education poses a serious threat to the future competitiveness of our country and must be reversed by ensuring adequate educational opportunities in the elementary, secondary, and graduate grade levels.

The Committee believes comprehensive reform in math and science education will depend largely upon cooperative partnerships between local, State, and Federal educational entities, Government, and the private sector. Critical to that effort is the provision of technical assistance, including enhanced educational methods and practices, techniques, and products resulting from curriculum reform. Accordingly, the Department is directed to give priority consideration to proposals which demonstrate the viability of a regional network system for providing identification, adaptation, dissemination, and implementation services to local school districts and other appropriate educational agencies and institutions in conjunction with mathematics and science curriculum reform.

In addition, the Committee directs the Department to strengthen cooperation with the National Science Foundation and other Federal mission agencies involved in bettering achievement in mathematics and science. Furthermore, the Committee requests that the Department submit a report, prior to the fiscal year 1991 hearings, which reviews the present efforts of the Department to coordinate its activities in the areas of math and science education with other Federal agencies, particularly the NSF, and a strategy to enhance such coordination in the future.

Follow through

The Committee provides $7,262,000 for the Follow Through Program. This amount is the same as the House allowance and the fiscal year 1989 comparable appropriation. The administration did not request funds for follow through. This program provides grants to local educational agencies, universities, and research organizations to develop and improve exemplary early education programs for children of low-income families in the early elementary grades. Funds provided for fiscal year 1990 will be used for third year continuation awards based on a competition held in fiscal year 1988.

Territorial teacher training

For territorial teacher training, the Committee has provided $2,000,000. This is $432,000 more than the House allowance and the administration request. Funds are awarded to the departments of education in American Samoa, Guam, the Northern Mariana Islands, the Republic of Palau, and the Virgin Islands to train elementary and secondary school teachers. The President has requested funds below the fiscal year 1989 level based on the expectation that the Federated States of Micronesia and the Republic of the Marshall Islands will not participate in the program due to limitations imposed by their compacts of free association. However, legislation has been reported by the Senate Committee on Labor and Human Resources extending the participation of these two governments. The Committee has, therefore, restored funding for this program to ensure a sufficient level of resources for all governments anticipated to be eligible for assistance in 1990. These training efforts have been important in assisting the outlying areas to upgrade the qualifications of their uncertified instructional staff and to assist others to obtain higher educational degrees.

Assistance to the Virgin Islands

The Committee has provided $4,000,000 for general assistance to the Virgin Islands, which is $891,000 less than the House allowance, $730,000 less than the fiscal year 1989 comparable appropriation, and $891,000 less than the administration request. Under this program, funds are provided to the Virgin Islands to improve elementary and secondary education, and have been used primarily to renovate and construct additions to existing school buildings to accommodate an expanding school-age population. Funds may also be used to correct asbestos and other school building deficiencies.

Fund for the improvement and reform of schools and teaching

The Committee has provided $11,000,000 for the fund for the improvement and reform of schools and teaching [FIRST]. This is $5,072,000 more than the administration request, the fiscal year 1989 comparable appropriation, and the House allowance. Within the amount provided, $6,000,000 shall be for the Grants for Schools and Teachers Program and $5,000,000 shall be for the Family-School Partnerships Program.

The Grants for Schools and Teachers Program awards discretionary grants and contracts to a variety of institutions, including individual schools, to improve educational opportunities for and performance of elementary and secondary school teachers and students. Priority is given to projects that benefit schools or students with below-average academic performance, projects that will lead to increased access for all students to a high quality education, and projects that develop or implement systems for providing incentives for improved performance.

The Family-School Partnership Program awards demonstration grants to local education agencies that are eligible for chapter 1 funding for the development of innovative family-school educational partnership activities. Activities for which funds may be used include training programs for families and teachers, hiring and training personnel to coordinate family involvement activities, the development or purchase of educational materials for home use by parents to reinforce classroom instruction.

Alternative certification

The President proposed $25,000,000 for a single year appropriation to a new program for alternative certification for teachers and principals. This program would provide one-time grants to States to develop and implement systems for alternative certification of teachers and principals. The Committee did not consider funding for this program since authorizing legislation has not been enacted into law.

President's awards for excellence in education

The President proposed $7,600,000 for a new program of President's awards for excellence in education. This program would provide grants to States and territories for Presidential awards for specified elementary and secondary school teachers who meet specified standards of excellence. The Committee did not consider funding for this program since authorizing legislation has not been enacted into law.

Magnet schools assistance

For magnet schools assistance, the Committee has provided $114,620,000, which is $1,000,000 more than the fiscal year 1989 comparable level, and the same as administration request and the House allowance. This program supports grants to local education agencies for use in magnet schools that are part of an approved desegregation plan and are designed to attract substantial numbers of students of different social, economic, ethnic, and racial backgrounds. Funds may be used for teacher salaries; purchase of books, materials, and equipment; and planning and promotional activities in order to improve academic instruction and vocational skills. Programs must be geared to the improvement of students' knowledge of mathematics, science, history, English, foreign languages, art, music, or vocational skills. The maximum amount an eligible local education agency may receive is limited to $4,000,000 annually. Funds provided for fiscal year 1990 will support second year continuation awards to successful applicants under a new competition held in 1989.

The Committee has provided an additional $1,000,000 over and above these continuation costs to fund a national evaluation study of the magnet schools programs. The additional funds were requested for this purpose by the President. The Committee has also concurred in an initiative included by the House to provide $1,500,000 for an evaluation of the chapter II State block grant program. The Committee expects these funds to be derived from funds provided for the block grant program. As part of this evaluation, the Committee expects the Secretary to report on how, if at all, the use of block grant funds has changed at the State and local level as a result of the enactment of the Hawkins-Stafford amendments to the Elementary and Secondary Education Act.

Magnet schools of excellence

The President proposed $100,000,000 for a new program of magnet schools of excellence. This program would support the establishment, expansion, or enhancement of magnet schools, without regard to the presence of desegregation plans, to strengthen the knowledge of elementary and secondary school students in academic and vocational subjects.

The Committee has stricken language inserted by the House allowing the Secretary to divert up to $100,000,000 from the chapter 1 program for the President's magnet schools of excellence initiative should legislation authorizing such a program be authorized in law prior to March 1, 1990. Legislation which would establish such a program has been reported by the Labor and Human Resources Committee but would not authorize funding for this initiative until fiscal year 1991. Thus, the Committee did not consider funding for this program. To date, no legislation has been reported by the appropriate committee in the House of Representatives authorizing such a program.

Christa McAuliffe fellowships

The Committee recommends $1,956,000 for the Christa McAuliffe Fellowship Program, the same as the House allowance and the administration request. The amount provided is $64,000 more than the fiscal year 1989 level. This program is designed to reward excellence in teaching by providing fellowships to help talented public and private school teachers upgrade their teaching skills. The Christa McAuliffe fellows in each State are selected by a panel which establishes the operating procedures for the State's program, disseminates information and application materials and evaluates the proposals from applicants. Program funds are distributed in proportion to the number of public school teachers in each State and territory provided that each State and territory receives at least the national average salary for public school teachers in the previous year, which is the maximum amount authorized for each fellowship. The fellowships provide funds for study or research sabbaticals, development of innovative programs, staff development, model teacher programs, or consultation with other schools or institutions.

Fund for innovation in education

For the fund for innovation in education [FIE] the Committee provides $15,678,000, the same as the administration request. The House provided $20,678,000.

The fund for innovation in education [FIE] provides funding for four separate activities in the area of educational improvement.

For discretionary activities within the Innovation in Education Program, the Committee provides $5,178,000. This program provides funding for projects that show the promise of identifying and disseminating innovative educational approaches at the preschool, elementary, and secondary levels. Funds are provided through grants to or contracts with State education agencies, local education agencies institutions of higher education, or other private or public organizations. The Secretary's priority areas for grants made under this program in fiscal year 1989 included educational choice, alternative certification of teachers and principals, merit incentives accountability, and other reform areas such as curriculum reform, increased parental involvement, dropout prevention, and early intervention/early childhood education.

For technology education, the Committee provides $1,250,000. This program authorizes the development and broadcast of educational radio and television programming for use by elementary and secondary schools, together with programs which use telecommunications and video resources for the instruction of students and teachers. The Committee is concerned that the Secretary has not yet announced his plans to distribute the $1,000,000 authorized and appropriated in fiscal year 1989 for technology education. The Committee continues to consider the use of instructional television and radio a priority for our schools. Innovative programs such as the Children's Television Workshop mathematics series "Square One TV" have proven records of essential services to our Nation's young people. The Committee expects the Secretary to provide not less than $1,000,000 of fiscal year 1990 funds for this purpose and such funds as remain for other such innovative television and radio projects.

For programs for computer-based instruction the Committee provides $5,000,000. This program provides funds for grants and contracts for projects which expand and strengthen computer education resources available in elementary and secondary schools. Funds may be used for the purchase of computer hardware and software for instructional purposes and for teacher training to expand the use of computers in curricula. Grantees may use no more than 25 percent of their award for the purchase of computer hardware.

For programs for the improvement of comprehensive school health education, the Committee provides $4,000,000. This program provides funds for assistance to State and local education agencies for a broad variety of activities related to improving health education for elementary and secondary students. Activities may include programs providing information on nutrition, personal health and fitness, disease prevention, accident prevention, and community and environmental health.

The Committee notes that despite authorization of the establishment of the Office of Comprehensive School Health Education within the Office of the Secretary and an appropriation of $2,964,000 in 1989, this Office still has not been established. Therefore the Committee requests that the Secretary establish, staff, and operate the Office of Comprehensive School Health Education and recommends that the Office be directed by a qualified specialist in the field of comprehensive school health to oversee the grant program and, through outreach, coordinate Office activities with other Federal agencies involved in school health education (CDC, Office of Disease Prevention and Health Promotion, Department of Agriculture, Department of Justice, et cetera). The Committee has increased funding to $4,000,000 to allow for expansion of the grant program supporting related teacher training and curriculum development in the area of comprehensive school health education, which would be administered by the Office.

The Committee has reserved $250,000 within the fund for innovation in education in anticipation of the authorization of the Claude and Mildred Pepper Scholarship Program. Legislation is currently pending before the Congress authorizing this activity. The Committee would anticipate directing these funds to the Pepper Scholarship Program should this program be enacted into law.

Leadership in educational administration

The Committee has included $3,894,000 for the Leadership in Educational Administration [LEAD] Program. This amount is the same as the President's request and the House allowance. LEAD supports one institute per State through which State or local education agencies, higher education institutions, private nonprofit organizations or consortia of such entities can train school administrators in the management and problem-solving skills they need to meet the challenges of educational reform and improve the quality of education at the school and program level.

By statute, upon completion of an initial 3-year contract, a single 3-year contract extension was awarded to each State at one-half the annual level for the initial contract. Funds provided for fiscal year 1990 will provide support for the second year of its extension. Funds shall also be used for the expected 3-year extension to the present grantees in the six territories.

Gifted and talented education

The Committee has included $10,000,000 for the Jacob K. Javits Gifted and Talented Students Education Program. This amount is $2,096,000 more than the comparable 1989 appropriation, the

House allowance, and the administration request. This program authorizes awards to State and local education agencies, institutions of higher education, and public and private agencies for a variety of research, demonstration, and training, activities designed to identify and meet the special educational needs of gifted and talented students. Priority is given to projects which identify and serve gifted and talented students who are economically disadvantaged, limited English proficient, and/or handicapped, and to statewide or regional projects. A portion of the funds are set aside for a National Center for Research and Development in the Education of Gifted and Talented Children and Youth which researches methods and techniques for identifying and teaching gifted and talented students. The Committee has concurred in the President's request to adjust this activity from a forward-funded to a current-funded program.

Education of homeless children and youth

The Committee recommends an appropriation of $6,998,000 to carry out education activities authorized under the Stewart B. McKinney Homeless Assistance Act. The amount provided is $2,164,000 more than the fiscal year 1989 comparable level, and $500,000 less than the House allowance, and the administration request. These funds are used by State educational agencies for an Office of the Coordinator of Education of Homeless Children and Youth, to develop and implement State plans for educating homeless children, and to carry out other activities to ensure that all homeless children and youth in the State have access to a free, appropriate public education. Additionally, States must collect data on homeless children and submit interim and final reports on this data to the Department of Education. Funds for this program are allocated in proportion to each State's chapter 1 allocation, except that no State may receive less than $50,000.

Within the total provided, the Committee has included $2,000,000 for grants for exemplary programs; $500,000 less than that the President's request and the House allowance. This new program would provide competitive grants to State and local education agencies for exemplary programs that successfully address the needs of homeless students in elementary and secondary schools.

School dropout demonstration assistance

The Committee has not provided funds for school dropout demonstration programs. This activity is not authorized in fiscal year 1990. In fiscal year 1989, $21,736,000 was provided to fund continuation awards for those grantees that were awarded funds in fiscal year 1988. Funds were also used for an evaluation study on successful projects and some additional dissemination activities.

Secondary schools basic skills demonstrations

The Committee has provided $10,000,000 for demonstration programs that seek to enhance the basic skills of secondary school students. This activity is authorized under part B of title VI of the Elementary and Secondary Education Act. The President did not request funding for this activity and there was no House allowance. No funding was appropriated for this program in fiscal year 1989, the year for which funding was envisioned by the authorizing statute.

Grants will be awarded to local educational agencies for the purpose of initiating or expanding activities designed to help disadvantaged secondary school students attain grade level proficiency in basic skills. Local school districts may organize such programs through community based organizations outside the school in order to reach school dropouts and/or provide basic skills to working individuals seeking a general equivalency diploma. Funds may also be used for counseling services, youth employment activities and/or staff training centered on instructing disadvantaged students.

Business-education partnerships

The Committee has provided $7,500,000 to initiate the Business-Education Partnerships Program as authorized under section 6041 of the Omnibus Trade and Competitiveness Act of 1988. This program will support grants which will be competitively awarded by the Secretary to support the creation of alliances between the private sector and public elementary and secondary schools or institutions of higher education. Such alliances will be designed to encourage excellence in education and enrich the career awareness of secondary or postsecondary school students. Grants may cover up to 90 percent of the cost of such projects in the first award year but not more than 33⅓ percent in the fourth and final award year. The Secretary must conduct an annual evaluation of grants awarded under this program. The Committee directs that the Secretary may divert not more than 7.5 percent of the amount provided for the purpose of evaluation and dissemination activities.

The Committee is aware that many educationally disadvantaged students are not receiving an adequate basic education and the necessary training to meet the needs of the current labor force. The Committee recognizes that increased coordination between local school districts, institutions of higher education and the private sector would improve elementary and secondary school curricula to help address the labor shortage. Therefore, the Committee has provided funding within the Educational Partnership Act for the Department of Education to fund demonstration projects that would link local school districts, institutions of higher education, and local businesses in order to better prepare students for the challenges of the workplace.

Ellender fellowships

For Ellender fellowships, the Committee has provided $3,500,000, $42,000 more than the fiscal year 1989 level, and $500,000 less than the House allowance. The administration did not request funds for this program. Through this program, funds are awarded to the Close Up Foundation of Washington, DC, to make fellowships available to low-income students and their teachers to enable them to participate in the Close Up Foundation's program. The students spend 1 week in Washington, DC, attending seminars on current events and meeting with representatives from the three branches of Government. The Close Up Foundation also sponsors a similar fellowship program for older Americans and recent immigrants which was first authorized in 1989. The Committee expects that within the amount provided, $3,000,000 will be allocated to the fellowship program for students and teachers and $500,000 will be allocated to fellowships for older Americans and recent immigrants.

Women's educational equity

The Committee has provided $1,300,000 for women's educational equity [WEEA]. This amount is $1,649,000 less than the House allowance and the fiscal year 1989 comparable appropriation. The administration requested no funds for this program. The Women's Educational Equity Act Program provides grants and contracts to public and private nonprofit organizations and individuals to develop educational materials and projects to promote educational equity for women and girls. A national publishing center, under contract to the Department, publishes and markets products developed by the grantees.

Training and advisory services

For training and advisory services authorized by title IV of the Civil Rights Act, the Committee has provided $20,000,000. This is $3,443,000 less than the House allowance, the administration request, and the fiscal year 1989 comparable appropriation. This program provides grants to 10 regional desegregation assistance centers and to civil rights units in State education agencies to enable them to assist school districts to address the problems associated with desegregation on the basis of race, sex, and national origin.

Star schools

For the Star Schools Program, the Committee has provided $20,000,000. This is $5,601,000 more than the fiscal year 1989 comparable appropriation. The administration did not request funds for this activity. The House concurred in the administration's request.

This program is designed to improve instruction in math, science, foreign languages, and other subjects such as vocational education, primarily by means of telecommunications technologies between centrally located instructors and students at schools in different locations, especially schools eligible for chapter 1 services or those in areas with scarce resources and limited access to such courses. The program supports eligible telecommunications partnerships organized on a multistate or national basis to develop, construct, and acquire telecommunications equipment; to develop and acquire instructional programming; and to obtain technical assistance in such areas. At least 50 percent of the funds must be for services in chapter 1 eligible schools, and at least 25 percent of the funds must be for instructional programming. Generally, grantees must provide a 25-percent match in funds.

Funds provided in fiscal year 1990 will fund the first year of new awards resulting from a new competition held in 1990. The Committee intends that the four existing telecommunications partnerships that received 1988 and 1989 funds under the Star Schools Program be allowed to compete for a third and final year of funding at a reduced level in order to provide them with more time to arrange alternate sources of funding to continue their projects in the future. These existing grantees should be allowed to compete on an equal basis with applicants for first-year funding, but even if successful in the competition, are to receive in total no more than 25 percent of the funds available.

Education for native Hawaiians

For programs for the education of native Hawaiians, the Committee provides $8,000,000, $3,060,000 more than the fiscal year 1989 comparable level and the House allowance. The administration did not request funding for these programs. The programs include a model curriculum implementation project, family-based education centers, a higher education demonstration program, a gifted and talented demonstration program, and a demonstration program to provide special education services to native Hawaiian children.

For the model curriculum implementation project, the Committee provides $500,000. Funds are used to implement the Kamehameha Elementary Education Program [KEEP], a model curriculum developed by the Kamehameha Elementary Demonstration School. Direct grants are made to the University of Hawaii for teacher training; to the Hawaii Department of Education for educational support services; and to the Kamehameha Schools/Bernice Pauahi Bishop Estate for continued research, development, and assessment activities.

For the native Hawaiian family-based education centers, the Committee provides $3,750,000. Funds are used for direct grants to native Hawaiian organizations to develop and operate at least 11 family-based education centers throughout the Hawaiian Islands. These centers include parent-infant and preschool programs, as well as research, development, and assessment activities.

For the Native Hawaiian Higher Education Demonstration Program, the Committee provides $2,000,000. This program provides funds for direct grants to the Kamehameha Schools/Bernice Pauahi Bishop Estate for demonstration programs to provide higher education fellowship assistance to native Hawaiian students. Activities supported by this program may include undergraduate and graduate fellowships, guidance and counseling services, and research and evaluation activities.

For the Native Hawaiian Gifted and Talented Demonstration Program, the Committee has provided $1,000,000. Funds are allotted to University of Hawaii at Hilo for the establishment of a Native Hawaiian Gifted and Talented Center. The university may also use these funds for demonstration projects for gifted and talented elementary and secondary school students.

For the Native Hawaiian Special Education Program, the Committee provides $750,000. Funds are used for discretionary grants to the State of Hawaii and to native Hawaiian organizations to address the special education needs of native Hawaiian students. Projects may include the identification of children in need of special education services, the conduct of educational services, and research and evaluation activities.

The Committee wishes to commend the fine work of the Kamehameha Schools/Bernice Pauahi Bishop Estate in administering its newly funded authorities in fiscal year 1989. The traveling preschools under the family-based education centers program have been extremely well received and are thus overenrolled. The trustees of the estate have gone to great lengths to ensure that eligible students continue to be served through this program even though initial Federal funding has been inadequate to meet the demonstrated need. The higher education fellowships program has shown itself to be successful in aiding many fine native students pursue postsecondary educational opportunities outside the State of Hawaii.

BILINGUAL, IMMIGRANT, AND REFUGEE EDUCATION

Appropriations, 1989	$197,394,000
Budget estimate, 1990	204,106,000
House allowance	194,761,000
Committee recommendation	182,586,000

The Committee recommends an appropriation of $182,586,000 for bilingual, immigrant, and refugee education. The recommendation is $21,520,000 less than the administration's request and $14,808,000 less than the fiscal year 1989 comparable appropriation. The House provided $194,761,000. Federal bilingual education programs are designed to meet the educational needs of students of limited English proficiency to enable them to achieve full competence in English and to meet promotion and graduation requirements.

Bilingual education

The Committee recommends $110,761,000 for bilingual programs, $10,036,000 less than the House allowance, $5,036,000 less than the administration request, and the same as the fiscal year 1989 comparable appropriation.

Discretionary grants are made primarily to local school districts to help them build their capacity to provide appropriate educational services to limited English proficient students. Programs are designed to teach English and to help these students enter all-English educational programs as quickly as possible. Beginning in 1989, up to 25 percent of this appropriation may be spent by local school districts for special alternative instructional projects that need not use the native language. Projects for academic excellence are also funded to disseminate information on exemplary programs serving these students.

The Committee expects the Secretary to continue to allocate funds provided under part A to activities exclusively designed to teach English to limited English proficient students and to assist them in meeting grade promotion and graduation standards.

Support services.—The Committee recommends $10,772,000 for support services, $131,000 less than the House allowance, and the administration request, and the same as the fiscal year 1989 comparable appropriation.

Activities include grants to State education agencies for data collection and improvement of educational services within the State; contracts for evaluation assistance centers to provide technical assistance to local school districts in evaluating local projects and in identifying the educational needs and competencies of limited English proficient students; contracts for research and evaluation studies to assess the effectiveness of program activities and the different instructional methods used; and a national clearinghouse to collect, analyze, and disseminate information about programs for limited English proficient students.

Training grants.—The Committee recommends $31,413,000 for training grants, $1,000,000 more than the administration's request, $1,000,000 less than the House allowance, and $1,000,000 more than the fiscal year 1989 appropriation.

Training and technical assistance activities are designed to improve training programs for educational personnel and to strengthen the skills of personnel in programs serving limited English proficient students. Activities include grants to institutions of higher education, State and local educational agencies, and private, nonprofit organizations to train teachers, other educational personnel, and parents; and grants to institutions of higher education to encourage reform, innovation, and improvement, such as the development of new teacher training curriculum. Contracts are awarded for multifunctional resource centers to provide in-service training and technical assistance to educational personnel and parents participating in instructional programs for limited English proficient students.

The Committee has provided sufficient funding above the fiscal year 1989 level so that the bilingual fellowships program may be initiated and new awards can simultaneously be made for personnel training activities. The Committee expects the Secretary to provide 150 fellowships with the $1,500,000 provided for the bilingual fellowships program.

Immigrant education

The Committee provides $29,640,000 for emergency immigrant education assistance, $1,008,000 less than the House allowance, and the administration request, and the same as the fiscal year 1989 comparable appropriation. This program provides grants to States with school districts enrolling substantial numbers of recent immigrant children. Awards are used to help cover the cost of providing supplementary educational services to these students. The State grant funds are allocated to school districts enrolling a minimum of 500 such students or where immigrant children represent at least 3 percent of the enrollment. In 1989, about 428,000 immigrant children will be served through this program.

Refugee education

The administration requested $16,345,000 for the refugee education program pending enactment of legislation to extend the Refugee Assistance Extension Act, which expires September 30, 1989. The Committee has not provided funds for this program. School districts receiving payments under this program will continue to be eligible to receive payments for refugee children under the immigrant education program if they have more than 500 immigrant/refugee children or if such children comprise more than 3 percent of their student population. In instances where school districts are currently receiving payments from both programs on behalf of the same refugee child, such school districts will be eligible for larger payments under the immigrant education program in the absence of funding for the refugee education program.

The refugee education program provided grants to States with school districts enrolling at least 20 refugee students. The State educational agencies in turn allocated funds to eligible local school districts to help cover the cost of educating refugee children. In 1989, school districts received payments based on a head count of 70,100 refugee students.

EDUCATION FOR THE HANDICAPPED

Appropriations, 1989	$1,961,288,000
Budget estimate, 1990	2,013,827,000
House allowance	2,063,827,000
Committee recommendation	2,083,776,000

The Committee recommends an appropriation of $2,083,776,000 for education for the handicapped programs. This is $69,949,000 more than the administration's request, and $122,488,000 above the fiscal year 1989 appropriation. The Committee recommendation is $19,949,000 more than the House allowance.

The education for the handicapped programs provide assistance to the States to ensure that all handicapped children have access to a free appropriate public education and all handicapped infants and toddlers have access to early intervention services. This assistance is provided through State grants which offset a portion of the costs incurred by State and local education agencies in educating handicapped children and developing and implementing statewide systems of early intervention services, and through a variety of discretionary programs that provide funds to meet designated Federal priorities.

Grants to States

The Committee recommends an appropriation of $1,554,000,000 for the grants to States program, $78,551,000 over the 1989 appropriation. This amount is $28,386,000 over the administration request and $10,017,000 below the House allowance.

This program supports formula grants to States to finance a portion of the cost of providing special education and related services to handicapped children. State grants are based on the number of handicapped children served. The fiscal year 1990 appropriation will become available for obligation on July 1, 1990, for use during the 1990–91 school year.

The Committee's recommended funding level represents approximately 9 percent of the estimated average per pupil expenditure, and would provide an estimated $358 per child for the 4,300,000 children expected to receive special education during the 1990–91 school year.

Preschool grants

For preschool grants, the Committee recommends an appropriation of $255,000,000. This amount is $8,000,000 more than the 1989 appropriation and the administration's request, and $3,000,000 above the House allowance.

The preschool grants program provides formula grants to States based on the number of handicapped preschool children, aged 3 through 5 years, served.

Because of uncertainties at the State level regarding the total number of preschoolers who will actually be served, subsequent adjustments are expected to be needed. This amount would provide $3,800 per child, the maximum authorized by law for upward adjustments to cover 5,000 additional children, while providing an estimated $700 per child for the 351,000 preschoolers expected to be receiving special education in the 1990–91 school year.

Grants for infants and families

The Committee recommends an appropriation of $80,624,000 for the grants for infants and families program. This is $10,793,000 more than the 1989 appropriation, $8,419,000 above the administration's request, and $3,419,000 above the House allowance.

The grants for infants and families program assists States in developing and implementing statewide systems of coordinated, comprehensive, multidisciplinary interagency programs for all handicapped children, aged birth through 2 years, and their families. Eligible children include those with developmental delays and, at State discretion, those who are at risk of having substantial developmental delays if early intervention services are not provided. State allocations are based on the number of children in the general population aged birth through 2 years.

Bill language has again been included to make funds for grants for infants and families available on July 1. This provision places the allocation of grants for infants and families on the same schedule as that for the other State grant programs funded under the Education for the Handicapped Act.

Deaf-blind projects

The Committee recommends funding of $14,757,000 for deaf-blind projects, $568,000 over the 1989 appropriation and the House allowance. The administration requested funding for the program at the 1989 level as part of a new consolidated account.

This program funds State and multistate projects, technical assistance awards, and model projects for children who are both deaf and blind. State and multistate projects provide technical assistance to States, as well as direct services to children whom States are not required to serve.

Severely handicapped projects

The Committee has included $6,000,000 for the severely handicapped program, $703,000 above the 1989 appropriation and the House allowance. The administration requested funding for the program at the 1989 level as part of a new consolidated account.

This program awards contracts and grants for projects demonstrating the best methods of serving severely handicapped children.

Seriously emotionally disturbed

The Committee has included $2,000,000 to support a new initiative of research and demonstration projects to address the needs of children with serious emotional disturbance. The Committee notes that such an initiative is needed as students with severe emotional disturbances remain significantly unserved or underserved by special education.

Early childhood education

The Committee has included $24,096,000 for early childhood education, $949,000 over the 1989 appropriation, the administration request, and the House allowance.

Early childhood education funds support demonstration projects, technical assistance, and research to aid States as they provide special education and early intervention services to handicapped infants, toddlers, and children through 8 years of age. Special emphasis is placed on helping States implement the grants for infants and families and the preschool grants programs.

The amount provided will maintain support for all continuations, including four research institutes, with about $11,000,000 expected to be available for new projects.

Secondary and transitional services

The Committee recommends $8,500,000 for secondary and transitional services, $1,216,000 over the 1989 appropriation, the administration request, and the House allowance.

This program provides grants and contracts to assist handicapped youths in the transition to postsecondary education, vocational training, competitive employment, continuing education or adult services, and to stimulate the improvement of programs for secondary special education. Of the total provided about, $4,000,000 is expected to be available for new awards.

Postsecondary programs

The Committee has included $8,770,000 for postsecondary programs, $3,000,000 over the 1989 appropriation, the administration request, and the House allowance.

This program supports efforts to improve postsecondary educational programs for handicapped persons. Program funds currently support two types of projects: model grants to postsecondary and vocational technical schools for serving deaf students, and demonstration projects which develop innovative models for delivery of support services or modify existing postsecondary educational opportunities. Of the amount provided, $4,000,000 will be available for continued support to four institutions serving the deaf; $1,400,000 will support new demonstration projects.

Innovation and development

The Committee recommends an appropriation of $21,026,000 for innovation and development, $4,000,000 over the 1989 appropriation, the administration request, and the House allowance.

The proposed reauthorization of the act consolidates this research authority with the special studies formerly conducted under section 618 and funds are shifted from the special studies—evaluation section for this purpose.

Media and captioning services

The Committee recommends an appropriation of $15,403,000 for media and captioning services, $2,000,000 over the 1989 appropriation and the administration request, and $403,000 above the House allowance.

The primary focus of this program is the captioning of commercial films and the closed captioning of television. In addition, funds are awarded to the National Theater of the Deaf and Recording for the Blind, Inc.

The Committee notes that the current unsubsidized retail price for the Telecaption 4000 closed captioned decoder is $180. This is approximately the same as the subsidized price for the Telecaption 3000 decoder and $100 less than the subsidized price of the original Telecaption I decoder. The Committee believes that because of these reductions in price, additional subsidies for decoder production are no longer necessary. However it is still necessary to continue the development of technology in this area. The Committee has provided $1,000,000 for decoder chip development and development of other new technologies. Also provided is an increase of $500,000 for recordings for the blind and $1,000,000 for descriptive video services for the blind.

Special education technology

The Committee has included $5,500,000 for special education technology. This amount is $770,000 above the 1989 appropriation, the administration request, and the House allowance.

This program supports research, dissemination, and technical assistance related to the development, production, and marketing of technology for use in the education of handicapped children. Of the amount provided, about $3,400,000 is expected to be available for new projects.

Regional resource centers

The Committee recommends an appropriation of $6,600,000 for regional resource centers, $262,000 above the 1989 appropriation, the administration request, and the House allowance. This program supports six regional centers and one national coordinating center that provide technical assistance and training to States to improve their capacity to serve handicapped children. The amount provided would permit the continuation of all six regional centers and the national coordinating center.

Recruitment and information clearinghouses

The Committee has included $1,500,000 for recruitment and information clearinghouses, $365,000 above the 1989 appropriation, the administration request, and the House allowance.

New awards will be made to support the three current clearinghouses: one disseminates information to parents and others regarding special education; a second provides information on postsecondary programs and services; and the third encourages individuals to pursue careers in special education.

Special education personnel development

The Committee recommends an appropriation of $70,000,000 for special education personnel development. Taking into account the removal of the former 10 percent set-aside for parent training programs, this is $9,615,000 above the 1989 appropriations.

The Committee recognizes the severe shortage of appropriately trained personnel for the delivery of special education and related services.

Parent training program

The Committee has included a separate line item for the parent training program. The Committee recommends an appropriation of $9,000,000 for this program. This is $2,290,000 above the 1989 appropriation for this program.

This program supports parent organization projects to train parents of children with handicaps to participate more effectively in meeting the educational needs of children with handicaps.

This increased appropriation reflects the Committee's recognition of the need for such parent organizations in each of the 50 States and for multiple organizations in States with large populations or geographical areas.

Special studies—evaluation

The Committee recommends an appropriation of $1,000,000 for this program. This is a decrease of $2,594,000 below the 1989 appropriation.

Under the proposed reauthorization of the Education of the Handicapped Act, this program will continue to support data collection, and the annual report of the Secretary of Education. The special studies will continue to be supported under an expanded authority for innovation and development, which is part E of the act.

REHABILITATION SERVICES AND HANDICAPPED RESEARCH

Appropriations, 1989	$1,673,220,000
Budget estimate, 1990	1,726,384,000
House allowance	1,743,973,000
Committee recommendation	1,789,870,000

The Committee recommends an appropriation of $1,789,870,000 for rehabilitation services and handicapped research. This is $63,486,000 more than the administration request and $116,650,000 above the fiscal year 1989 appropriation. The Committee recommendation is $45,897,000 more than the House allowance.

Programs authorized under the Rehabilitation Act of 1973 support a variety of activities that help disabled persons maximize their potential for employment and independent living.

The Committee is very concerned about the Rehabilitation Services Administration finding that, for fiscal year 1989, neither rehabilitation nursing nor rehabilitation psychology was identified as a shortage area. This is in direct contrast with the Committee's finding, which is based upon data provided by members of these professions, that there is indeed a shortage of personnel in these two critically needed health areas. The Committee, therefore, is especially concerned that RSA's finding will adversely affect the allocation of training funds to the areas of rehabilitation nursing and rehabilitation psychology, and that this will ultimately affect the quality of care delivered to patients. RSA is strongly urged to review its existing data and to gather new data concerning shortage of personnel in rehabilitation nursing and rehabilitation psychology in order that an accurate assessment of the situation can be made.

Basic State grants

The Committee has included $1,550,000,000 for vocational rehabilitation State grants, $100,000,000 over the 1989 appropriation, and $47,877,000 more than the administration request and House allowance.

Basic State grant funds assist States in providing a range of services to help physically and mentally disabled persons prepare for and engage in meaningful employment. States must provide a percentage match of these Federal funds. For fiscal year 1990, the State share must be at least 20 percent of the 1988 base and 22 percent for any increase above that base. Authorizing legislation requires States to give priority to severely handicapped individuals.

Consistent with authorizing statute, a minimum of 0.25 of 1 percent of the appropriation for basic State grants, or $3,875,000, is set aside for grants to Indians.

Supported employment State grants

The Committee has included $27,976,000 for the supported employment State grant program. This amount is $749,000 more than the 1989 appropriation, and $108,000 above the administration request and the House allowance.

The supported employment State grant program assists persons who may have been considered too severely disabled to benefit from vocational rehabilitation services to obtain competitive employment. Short-term vocational rehabilitation services are augmented with ongoing support provided by State and local organizations. Funds are distributed to States according to a population-based formula. Twenty-nine supported employment demonstration projects, initiated prior to the creation of this formula grant program, are supported within special demonstration programs.

Client assistance

For client assistance, the Committee recommends $8,000,000, $225,000 over the 1989 appropriation, $41,000 more than the administration request, and the House allowance.

The Client Assistance Program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding benefits available to them and in dealing with service providers. Funds are distributed to States according to a population-based formula, except each State is guaranteed a minimum grant of $50,000. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds.

Special demonstration programs

The Committee recommends an appropriation of $17,674,000 for special demonstration programs for the severely disabled. This is $474,000 over the 1989 appropriation, $680,000 over the administration request and the House allowance.

Special demonstration programs develop innovative techniques and comprehensive service programs to help severely handicapped individuals achieve satisfactory vocational outcomes or attain greater independent functioning.

Supported employment projects

The Committee has provided $10,000,000 for supported employment projects, $480,000 above the fiscal year 1989 funding level and $594,000 above the administration request and the House allowance. Projects are authorized at the national, State, and local levels for paid work in a variety of settings particularly at regular works sites, especially designed for severely disabled persons for whom competitive employment at or above the minimum wage is considered unlikely. Discretionary awards are made on a competitive basis to public and nonprofit rehabilitation facilities, designated State units, and public or private organizations. In 1989 this program is supporting 30 projects including 17 statewide projects, 21 community-based projects, and 2 national projects.

Model transition grants

This program has provided services for youth who are leaving educational and other institutional settings to become more productive and independent members of their communities. Authorizing legislation requires that these grants be made in three specific areas of the country. In fiscal year 1989, $475,000 was provided for this program. The Committee agrees with the House that these services can be met through broader based programs such as those funded under the "Education of the handicapped" account, and has recommended no funding for this program.

Recreational programs

The Committee has included $2,620,000 for recreational programs, the same as the 1989 appropriation, and $31,000 above the House allowance. The administration requested no funding for recreational programs.

This program helps finance recreation activities, including sports, music, dancing, handicrafts, and art, to aid in the mobility and socialization of handicapped individuals. Grants are awarded to States, public agencies, and nonprofit private organizations, including institutions of higher education.

Migratory workers

The Committee recommends $1,100,000 for migratory workers projects, the same as the 1989 appropriation, and $13,000 above the administration request and the House allowance. Migratory worker projects provide a 90-percent Federal match for comprehensive rehabilitation services to handicapped migrant and seasonal farmworkers and their families. Some projects also develop innovative methods for reaching and serving this population. Emphasis is given to outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

As in previous years, bill language has been included to clarify that the Committee is providing a specific funding level for migratory worker projects rather than relying on a percentage set-aside from the special demonstration programs.

Projects with industry

The Committee recommends an appropriation of $19,000,000 for projects with industry. This is $1,650,000 above the 1989 appropriation, $1,858,000 above the administration request and the House allowance.

The projects with industry program is the primary Federal vehicle for promoting greater participation of business and industry in the rehabilitation process. Projects with industry provide disabled persons with training and experience in realistic work settings to prepare them for employment in the competitive market. Postemployment support services are also provided. Grants are made to a variety of agencies and organizations, including corporations, rehabilitation facilities, labor and trade associations, and foundations.

The Committee notes the excellent results reported by the Rehabilitation Services Administration for Projects With Industry under section 621 of the Rehabilitation Act. These 115 projects placed more than 13,000 persons with disabilities into competitive community jobs with the active assistance of the local business community. Consistent with section 621(h) the Committee expects existing projects to be continued at their current level unless the Commissioner determines that the project does not meet minimum compliance with evaluation standards as called for in section 621(f)(1). The Committee also notes that the indicators that were to be published in final form by July 1, 1988, have not yet been published in final form. Projects should, therefore, by given additional time to meet the indicators after they are published in final form. Any increase in available funds beyond that needed to fund current projects at current levels may be used for new projects, expansion of current projects, or for cost-of-living allowance.

Helen Keller National Center

The Committee includes $5,000,000 for the Helen Keller National Center for Deaf-Blind Youths and Adults. This amount is $100,000 above the 1989 appropriation, and $159,000 above the administration request and $159,000 above the House allowance.

The Helen Keller National Center consists of a national headquarters center with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices which provide referral and counseling assistance to deaf-blind persons; and an affiliated agency network system of 26 agencies. In 1989, the Center will provide direct services to 88 persons at headquarters; and counseling and referral services to 1,200 persons through its regional representatives. Agencies affiliated with the Center will serve an additional 1,700 persons.

Independent living

The Committee recommends an appropriation of $46,000,000 for independent living programs, of which $13,100,000 is for part A State grants for comprehensive independent living services, $27,000,000 is for support of part B independent living centers, and $5,900,000 is for part C services for older blind individuals.

The Committee recommendation of $13,100,000 for part A State grants for independent living services is $422,000 the 1989 appropriation, and $123,000 above the administration request and the House allowance.

The part A State formula grant program finances services for individuals who are so severely disabled that they do not presently have the potential for employment, but may benefit from vocational rehabilitation services which will enable them to live and function independently. These services may include counseling, housing, transportation, attendant care, recreational therapy, health maintenance, and preventive services.

For part B independent living centers, the Committee has included $27,000,000, $1,000,000 above the 1989 appropriation, and $1,312,000 above the administration request and the House allowance.

Part B independent living centers funding supports a network of nonresidential, community-based centers which provide a wide range of services designed to help severely disabled persons live more independently in family and community settings. Discretionary grants are awarded on a competitive basis to State vocational rehabilitation agencies or to public or private nonprofit organizations.

The Committee recommendation of $5,900,000 for part C services to older blind individuals is $200,000 above the 1989 appropriation and $268,000 above the administration request and the House allowance.

The part C program assists persons aged 55 or older to adjust to their blindness by increasing their ability to care for their individual needs. Services may include the provision of eyeglasses or other visual aids, mobility training, Braille instruction, guide services, reader services, and transportation.

Training

The Committee recommends an appropriation of $31,500,000 for training. This is $1,000,000 more than the 1989 appropriation and $1,366,000 above the administration request and the House allowance.

This program is designed to ensure that skilled personnel are available to serve the rehabilitation needs of disabled persons. This program supports training, traineeships, and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. Grants and contracts are awarded to States and public or nonprofit agencies and organizations, including institutions of higher education. Preservice, inservice, and continuing education programs are financed, as well as programs to train interpreters for the deaf.

National Institute on Disability and Rehabilitation Research

The Committee recommends an appropriation of $55,000,000 for the National Institute on Disability and Rehabilitation Research [NIDRR]. This amount is $1,475,000 above the 1989 appropriation, and $2,117,000 above the administration request and the House allowance.

The NIDRR provides for a comprehensive and coordinated approach to the administration and conduct of research, demonstration projects, and related activities concerning the rehabilitation of disabled persons, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. The NIDRR awards competitive grants to support research in federally designated priority areas, including research and training centers, rehabilitation engineering centers, research and demonstration projects, and dissemination projects. The NIDRR also supports field-initiated research projects, research training, and career development fellowships.

The Committee notes that NIDRR spent about $6,000,000 in 1989 for activities related to traumatic brain injury. Supported activities included model traumatic brain injury systems, research and training, utilization and demonstration projects, and field-initiated research. The Committee remains concerned over the need to address prevention of traumatic brain injury and the need for rehabilitation. NIDDR is urged to continue its efforts with regard to traumatic brain injury, and the Committee expects that there will be cooperation and coordination of information with other agencies involved in traumatic brain injury research, including coordination with the Centers for Disease Control's injury prevention program.

Technology assistance

The Committee recommends an appropriation of $15,000,000 for technology assistance. This is $9,850,000 above the 1989 appropriation, $4,350,000 above the administration request and the House allowance.

The Technology Assistance Program, first funded in 1989, provides discretionary grants to States to help them in develop multiyear statewide programs that facilitate the provision of assistive devices and services to disabled persons. The program is designed to improve occupational and educational opportunities and the quality of life for disabled persons of all ages. The program is administered by National Institute on Disability and Rehabilitation Research.

Of the amount provided, the Committee directs that at least $500,000 be made available for model projects, at least $250,000 be made available for the financing study, and that $750,000 be available for a study of the feasibility of setting up an information and referral network. These activities are all authorized in title II of the Technology-Related Assistance for Individuals With Disabilities Act of 1988. As requested by the Department, $500,000 is also included for technical assistance, as well as sufficient funds to support at least 16 State grants. Within the additional remaining amount, the Committee encourages priority be given to funding of model projects.

Evaluation

The Committee recommends an appropriation of $1,000,000 for evaluations. This is the same as the 1989 appropriation, the administration request, and the House allowance.

Funds are provided under this activity for studies to evaluate the impact and effectiveness of programs authorized by the Rehabilitation Act of 1973.

SPECIAL INSTITUTIONS FOR THE HANDICAPPED

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 1989	$5,335,000
Budget estimate, 1990	5,537,000
House allowance	5,537,000
Committee recommendation	5,942,000

The Committee recommends an appropriation of $5,942,000 for the American Printing House for the Blind [APHB]. This is $405,000 more than both the administration request and the House allowance. It is $607,000 above the fiscal year 1989 appropriation.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to legally blind students below the college level. The Federal subsidy provides about 41 percent of APHB's total income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of blind students. Materials provided include textbooks and other educational aids in braille, large type, and recorded form and microcomputer applications.

The Handicapped Programs Technical Amendments Act of 1988 (Public Law 100–630) terminated APHB's permanent appropriation of $10,000 per year at the end of fiscal year 1989.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 1989	$33,326,000
Budget estimate, 1990	35,553,000
House allowance	35,553,000
Committee recommendation	37,553,000

The Committee recommends an appropriation of $37,553,000 for the National Technical Institute for the Deaf. This $2,000,000 above the administration request and House allowance, and $4,227,000 above the fiscal year 1989 appropriation.

The Department contracts with the National Technical Institute for the Deaf [NTID], located on the campus of the Rochester Institute of Technology, to provide a residential facility for postsecondary technical training and education for the deaf. NTID also provides support services for deaf students, trains professionals in the field of deafness, and conducts applied research. This appropriation comprises about 83 percent of NTID's budget.

Of the $37,553,000 recommended by the Committee, $34,921,000 is designated for operations and $300,000 is provided for the NTID endowment matching fund. This would provide an increase of $1,793,000 over 1989 for NTID operations, and a $102,000 increase over the amount provided for the endowment fund in 1989. The

Committee believes that the endowment matching fund is an important mechanism for generating additional private assistance for NTID and lessening its dependence on Federal funding.

According to the Commission on the Education of the Deaf, "The vast majority of postsecondary aged deaf persons are unemployed or seriously underemployed because appropriate rehabilitation training and related services are not available. Moreover, an estimated 100,000 deaf people of all ages are unemployed or seriously underemployed due to additional handicapping conditions, such as deficiencies in language performance, and related psychological, vocational and social underdevelopment. This population of lower functioning adults increases every year by approximately 2,000 deaf students who leave high school every year."

The Committee has provided $1,800,000 to support a consortium of institutions to work in collaboration with private and public agencies to address the general education, counseling vocational training, work transition, supported employment, job placement, followup and community outreach needs of low functioning adults who are deaf.

The Committee directs the Department of Education to negotiate cooperative agreements with each of the institutions specified in this bill to conduct demonstration projects to provide educational and vocational rehabilitation services, not otherwise available in the region, to maximize the vocational potential of low functioning adults who are deaf, including persons who are deaf and have additional severe disabilities. These institutions must apply to the Department and meet departmental requirements for the conduct of demonstration programs. The Department shall require each project to participate in a consortium organized by the Department and shall monitor activities of the grantees to ensure that the purposes of this program are carried out that projects are coordinated, and that innovative methods of service delivery developed by these projects are disseminated. The Department shall submit a report to this Committee at the end of fiscal year 1990 on the program, including an assessment of how these programs coordinate with other public and nonprofit agencies serving persons who are deaf to expand or improve services for persons who are deaf.

The Committee is concerned that NTID intends to admit foreign students at the same subsidized rate as American students. Tuition levels for these students should be set at a high enough level to ensure that they contribute a fair share of the cost of their education. The Committee directs the Department of Education to withhold approval for NTID to admit foreign students until a plan is approved by the Department for charging tuition at a rate no less than the average percentage differential charged out-of-State students by State universities and land grant colleges. This rate would be phased in over a 5-year period.

The Committee is concerned that conditions exist which pose a hazard to the safety and security of students attending NTID and has provided $532,000 to address this problem. NTID is directed to use these funds for construction and renovation to eradicate these hazards, as specified in the budget justification submitted by the Department of Education. NTID shall submit a report to the Committee outlining its plan for the implementation of the repair program no later than November 15, 1989.

NTID cites general provisions of the agreement between the Federal Government and the Rochester Institute of Technology [RIT] as supporting a requirement for comparable salary increases among NTID and RIT employees. The Committee is concerned about the constraint this places on the appropriation for the Federal program. The Department is directed to investigate this issue and submit a report to the Committee no later than February 1, 1990, so that this information can be considered during the 1991 appropriations process.

GALLAUDET UNIVERSITY

Appropriations, 1989	$65,998,000
Budget estimate, 1990	68,850,000
House allowance	68,350,000
Committee recommendation	68,850,000

The Committee recommends an appropriation of $68,850,000 for Gallaudet University. This is the same as the administration request, $500,000 more than the House allowance, and $2,852,000 above the fiscal year 1989 appropriation.

The university is a private, nonprofit institution offering college preparatory, undergraduate, and continuing education programs for the deaf, as well as graduate programs in fields related to deafness for hearing impaired and hearing students. The university conducts basic and applied research related to hearing impairment, and provides public service programs for the deaf.

The Committee is concerned that the Federal Government is subsidizing the majority of the cost for foreign students to attend Gallaudet University. In school year 1988–89, the number of foreign students enrolled at Gallaudet increased by 31 percent over the previous year. The Committee directs Gallaudet to work with the Department of Education to develop a plan by October 31, 1989, for reducing the subsidy provided foreign students so that they are charged a rate no less than the average percentage differential charged out-of-State students by State universities and land grant colleges. This rate would be phased in over a 5-year period.

Funds for Gallaudet also support the Model Secondary School for the Deaf and the Kendall Demonstration Elementary School. The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for the deaf, and prepares deaf adolescents for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

University program operations are about 83 percent federally financed, while the appropriation provides 100 percent of the funding for the Kendall Elementary and Model Secondary Schools.

The Committee has provided $1,000,000 for the Gallaudet University endowment matching fund. The Committee believes that the endowment is an important means of generating more private assistance for Gallaudet and lessening its dependence on Federal funding. The amount of $46,797,000 is provided for college program operations, with $13,558,000 and $7,495,000 designated for the Model Secondary School for the Deaf and the Kendall Demonstration Elementary School, respectively.

VOCATIONAL AND ADULT EDUCATION

Appropriations, 1989	$1,073,466,000
Budget estimate, 1990	1,114,904,000
House allowance	1,151,035,000
Committee recommendation	1,126,239,000

The Committee recommends an appropriation of $1,126,239,000 for vocational and adult education. This amount is $11,335,000 more than the administration request and $52,773,000 more than the fiscal year 1989 comparable appropriation. The House provided $1,151,035,000.

Vocational and adult education funds help to promote the development of a skilled and literate work force through expansion and improvement of vocational and adult education programs.

The administration has proposed legislation to reauthorize the Carl D. Perkins Vocational Education Act programs. Since the Congress has not yet completed action on such legislation, the Committee is providing funds for these programs as currently authorized.

Vocational education

Basic grants.—The Committee has included $867,870,000 for basic grants, $7,870,000 more than the House allowance and $36,304,000 more than the fiscal year 1989 comparable appropriation.

Funds provided under the basic grant program assist States and outlying areas in expanding and improving their programs of vocational education and in providing equal opportunity in vocational education to historically underserved populations. In addition, the basic grant program provides funds for the Indian and Hawaiian natives programs.

Basic State grant funds are allocated to the State and outlying areas by a formula based on relative population in certain age groups adjusted by inverse per capita income. Each State and outlying area may reserve up to 7 percent of its basic grant allocation for State administration. Of the amount remaining, each State must spend a total of 57 percent for part A programs to provide vocational education opportunities to special needs populations as follows: 10 percent for the handicapped, 22 percent for the disadvantaged, 12 percent for adult training and retraining, 8.5 percent for single parents and homemakers, 3.5 percent for individuals participating in programs to eliminate sex bias and stereotyping, and 1 percent for criminal offenders in correctional institutions.

The remaining 43 percent is to be allocated for part B activities supporting vocational education program improvement, innovation, and expansion. Part B funds may be used for any of 24 specified purposes, including high technology programs, acquisition of equipment, renovation of facilities, and support of vocational education student organizations. Each State must spend for career guidance and counseling at least the amount it spent in fiscal year 1984, and some part B money must be used for inservice and preservice teacher training. Except for certain activities specified by regulation, part B funds may not be used merely to maintain existing programs.

In keeping with the provisions of the Perkins Act, the recommended amount for basic grants includes $11,091,688 for the Indian program and $2,218,337 for the native Hawaiian program.

State councils.—The Committee recommends an appropriation of $7,904,000 for State councils on vocational education. This amount is the same as the comparable appropriation for fiscal year 1989. The House provided $8,200,000.

In order to receive Federal vocational education funds, each State must have a State council. Funds for the State councils support their activities in working with the State boards on vocational education. Each council reviews and comments on the State plan, analyzes and reports on the allocation of funds and the availability of vocational education programs in the State, completes a biennial evaluation of the State's programs, and conducts a number of other activities.

The Committee recognizes that State councils on vocational education are a major private sector influence to strengthen vocational education and encourages them to continue their efforts to infuse additional private sector consultation and advice into vocational education.

Community-based organizations.—The Committee recommends $12,000,000 for the community-based organizations program, $3,108,000 more than the comparable appropriation for fiscal year 1989, and $2,800,000 more than the House allowance. This program authorizes States to provide financial assistance to eligible recipients and community-based organizations for joint programs of vocational education for students who might not otherwise be served through school-based vocational education. The range of services includes transitional support services, prevocational education and basic skills training, internships, and guidance and counseling. Funds for this program are distributed to the States and territories under the same formula used for basic State grants, except that the hold harmless provision does not apply.

Consumer and homemaking education.—The Committee has included $35,000,000 for consumer and homemaking education. This recommendation is $1,882,000 more than the fiscal year 1989 comparable appropriation, and $700,000 more than the House allowance. Funds appropriated for the consumer and homemaking education program are allocated to the States according to the same formula used for basic grants.

Consumer and homemaking projects prepare youths and adults for the occupation of homemaker. Instruction is offered in the areas of food and nutrition, consumer education, family living and parenthood education, child development and guidance, housing, home management (including resource management), and clothing and textiles. At least one-third of each State's allotment must be used in economically depressed areas or areas with high rates of unemployment. Up to 6 percent may be used for State leadership activities and administration.

National research and data programs.—The Committee recommends an appropriation of $19,465,000 for national programs under title IV, $6,540,000 less than the comparable appropriation for fiscal year 1989. The House provided $26,639,000.

The Committee expects that $6,000,000 shall support the National Center for Research in Vocational Education, $800,000 shall be used to support curriculum coordination centers, and $165,000 shall be used to fund discretionary research on vocational education. The Committee further expects that $5,000,000 shall be used for support of the National Occupational Information Coordinating Committee [NOICC]. NOICC and its affiliated State occupational information coordinating committees assist students, educators, and occupational planners in determining future labor market conditions by improving and disseminating job information. NOICC has been jointly funded by the Departments of Education and Labor since 1978. The Committee has provided the remaining $7,500,000 for cooperative demonstration programs authorized under section 411 of the Perkins Act. Up to 10 percent of these funds may be used to evaluate these demonstration programs.

The Committee has provided $7,500,000 for demonstration activities under subpart I of part B of title IV of the Perkins Act. The amount provided is $7,094,000 less than the fiscal year 1989 comparable appropriation and $7,500,000 less than the House allowance. The Committee wishes to concur in the instructions of the House Committee and directs that not less than $4,000,000 of the amount provided be made available for the purpose of supporting model regional training centers which will supplement local training activities in the masonry trade. Funds will be used for the development of these centers, which may include a national training center, and will serve as a catalyst for private contributions to this critical training effort.

The Committee requests that the Secretary report to the Committee at the earliest possible time on the feasibility of having the National Center for Research on Vocational Education [NCRVE] conduct the statistics gathering and reporting activities on vocational education which are currently conducted by the National Center for Education Statistics [NCES]. The Committee believes that NCRVE may be better suited to execute this function and such a transfer of responsibilities might free up personnel and resources for other activities within NCES.

Bilingual vocational training.—The Committee did not include funds for bilingual vocational training. This program provides funds on a competitive basis to State and local public agencies, higher education institutions, and private organizations to train limited English proficient students, provide instructor training, and develop instructional materials.

Adult education

The Committee has included $184,000,000 for adult education, $21,790,000 more than the fiscal year 1989 comparable appropriation and $11,335,000 more than the administration request. The House provided $208,796,000.

Adult education State programs.—For adult education State programs, the Committee provides $150,000,000, $13,656,000 more than the fiscal year 1989 comparable appropriation and $10,665,000 less than the administration request. The House provided $180,000,000.

Funds are allocated to the States and outlying areas through formula grants to support programs that assist educationally disadvantaged adults in developing basic skills, including literacy, and in achieving certification of high school equivalency. The grant formula is based, in part, on the number of persons age 16 and over in a State who do not have high school diplomas and who are not required to be enrolled in school. For fiscal year 1990, Federal funds may support up to 85 percent of each State's program. In future years, the State matching requirement will increase to 25 percent through a reduction in the maximum Federal share by 5 percent each year until fiscal year 1992. Each State: (1) must use at least 10 percent of its grant to serve the incarcerated and institutionalized, (2) must use at least 10 percent for experimental demonstrations and teacher training projects, and (3) must give special attention to the needs of persons of limited English-speaking ability. No more than 20 percent of each State's grant may be used for high school equivalency programs, and no more than 5 percent for administration.

National programs.—The Committee provides $2,000,000 for adult education national programs authorized under section 383, $24,000 more than the fiscal year 1989 comparable appropriation and the same as the administration request and the House allowance.

These funds will support a broad program of State program assistance and policy studies, including a national study of adult education programs that will provide data on participants in a nationally representative sample of adult education programs. The Committee also encourage the Department to begin work on an evaluation of adult education programs that will provide information on the effectiveness of these programs.

Literacy training for homeless adults.—The Committee provides $5,000,000 to carry out the adult literacy provisions of the Stewart B. McKinney Homeless Assistance Act, $2,094,000 less than the fiscal year 1989 comparable appropriation and $5,000,000 less than the administration request. The House provided $10,000,000.

Funds are used for discretionary grants to State education agencies to develop State plans and implement programs of literacy training and basic skills remediation for homeless adults. Each State's plan must include a program of outreach activities, and be coordinated with existing resources such as community-based organizations, adult basic education programs, and nonprofit literacy organizations. In making awards to State education agencies, consideration will be given to the States' estimates of the number of homeless adults expected to be served and the number of such adults in each school district. States may carry out program activities either directly or through grants or contracts with local recipients.

Workplace literacy partnerships.—The Committee provides $20,000,000 for workplace literacy partnership grants, $8,144,000 more than the fiscal year 1989 comparable appropriation and the House allowance. The administration did not request funds for this program.

This program provides funds for competitive demonstration grants for exemplary education partnerships that provide literacy training to meet workplace needs. These demonstration projects are designed and operated by partnerships between business, industry, labor organizations, or private industry councils and State education agencies, local education agencies, institutions of higher education, or schools. Programs are designed to improve the productivity of the work force through improvement of workers' literacy skills. Services may include: adult secondary education; adult literacy and basic skills training; literacy training for limited English proficient adults; updating basic skills to reflect the changing needs of the workplace; improving the competency of adult workers in speaking, listening, reading, and problem solving; educational counseling; transportation; and child-care services. Federal funds may support up to 70 percent of the cost of each program.

English literacy grants.—The Committee provides $7,000,000 for English literacy grants, $2,060,000 more than the fiscal year 1989 comparable appropriation and the House allowance. The administration did not request funds for this program.

This program provides grants to States to establish, operate, and improve English literacy programs for individuals of limited English proficiency. Funds may be used to provide a wide variety of services to program participants, including child care and transportation. Each State must use at least 50 percent of its grant to fund programs operated by community-based organizations with demonstrated capability to administer English proficiency programs. The Secretary of Education is authorized to use up to 10 percent of the funds for this program to carry out a national demonstration program consisting of: (1) the development of innovative approaches, instructional methods, and technologies, and (2) the designation of a national clearinghouse on literacy education for the limited English proficient.

Prison education.—More than 700,000 people are incarcerated in prisons, jails, and juvenile facilities. Of this number, 8 out of 10 lack a high school diploma and more than 70 percent are functionally illiterate. Most have no or poor employment history. The Committee is aware that when an inmate without a trade or skill, who cannot read or write, is released from jail, it is likely that person will return to criminal activities. In order to fight the increasing number of habitual offenders, the career criminals, the Committee recognizes the importance of rehabilitation that focuses on basic literacy and job skills training.

The Vocational Education Act specifies that 1 percent of part A of the basic State grant be set aside for prison education, and the Adult Education Act requires that 10 percent of the State grant be spent on such activities. Therefore, the Committee strongly recommends that these funds be used to provide criminal offenders in correctional institutions with basic literacy and training in a marketable job skill. This is particularly important for first and second time offenders, as well as juveniles.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 1989	$5,814,320,000
Budget estimate, 1990	6,540,960,000
House allowance	6,021,960,000
Committee recommendation	6,096,000,000

The Committee recommends an appropriation of $6,096,000,000 for student financial assistance, which is $281,680,000 more than the amount provided in fiscal year 1989. It is $444,960,000 less than the administration's budget request. The House provided $6,021,960,000.

Pell grants

The Committee recommends $4,740,000,000 for Pell grants. This funding level is $256,085,000 more than the fiscal year 1989 appropriation and the same as the House allowance.

Pell grants provide financial assistance to help more than 3 million financially needy undergraduate students pay their educational costs. These grants provide the base upon which other financial assistance is built. Under the 1990 appropriation, maximum grants in school year 1990–91 shall not exceed $2,300 per student, the same as the maximum grant allowed in fiscal year 1989. Grants may not exceed 60 percent of the cost of attendance.

The amount provided is identical to President Reagan's initial budget request submitted in January, 1989. In April of this year, the Department of Education alerted the Committee of President Bush's intention to lower the administration's budget request for the Pell grant program by $148,000,000 due to a change in program cost estimates. The usual budget justification documents were transmitted to the Committee by the Education Department reflecting President Bush's new budget request. However, a formal budget amendment was never submitted to the Congress by the President. On July 25, President Bush instead submitted a formal budget amendment increasing his request for Pell grants by $696,000,000 over the Reagan request, $844,000,000 more than the amount shown in the budget documents submitted by the Education Department. This new request is said to arise from yet another reestimate of program costs which was calculated as part of the President's midsession budget review. The new budget request does not reflect a new administration policy calling for an increase in benefits under the program.

The Committee is greatly disturbed by the Secretary's abysmal record in monitoring the cost of the Pell grant program. Such wildly fluctuating cost estimates for this program greatly limit the ability of the Committee to do its work and appropriately plan for the funding of program requirements. The Committee has, therefore, instructed the Comptroller General to do a thorough review to verify the accuracy of the President's new 1990 budget request for this program and report to the Committee on the adequacy of the Secretary's efforts in monitoring program costs. The Comptroller General will also report to the Committee as to the factors that are driving program costs. The Committee will thoroughly review the Comptroller General's report and take whatever further action it deems necessary to address program requirements prior to the beginning of the 1990–91 award year.

Supplemental educational opportunity grants

The Committee recommends $490,000,000 for supplemental educational opportunity grants which is $52,028,000 more than the fiscal year 1989 appropriation. The amount provided is $37,137,000 more than the administration's request and the House allowance.

Funds are made available to postsecondary institutions to provide institutionally administered need-based aid to more than 600,000 undergraduate students. These supplementary grants are administered by institutional aid officers who have flexibility in determining student awards. The maximum grant level will remain at $4,000. Participating institutions must provide a specified match of program funding in order to receive SEOG funds. This required match was at least 5 percent in fiscal year 1989 and shall be 10 percent in fiscal year 1990.

College work-study

For college work-study, the Committee provides $615,000,000, which is $4,903,000 more than the fiscal year 1989 funding, the administration's request, and the House allowance.

The College Work-Study Program assists more than 850,000 students, through part-time employment, to meet the costs of postsecondary education. Grants are awarded to approximately 4,000 qualifying institutions which select needy students to participate. Needy undergraduate and graduate students may participate. In 1990, the statutory institutional matching share of a student's part-time earnings will increase from 20 to 30 percent (or 50 percent in the case of private, for-profit organizations).

Institutions have the discretion to use their allocation to support a variety of college work-study activities. Up to 10 percent of the allocation may be devoted to community service-learning jobs. Institutions also may operate a Job Location and Development Program, designed to locate and develop regular work-study and community service jobs for eligible students. In addition, up to 25 percent of the allocation may be used to provide jobs with private for-profit organizations.

Income contingent loans [ICL's]

The Committee recommends $10,000,000 for income contingent loans, $5,060,000 more than the 1989 appropriation. The administration requested $20,000,000 for an expanded Income Contingent Loan Program. The administration further sought to remove the limitation on the number of participating institutions, to open participation to consortia of institutions, and to extend eligibility to graduate students.

The Committee has not approved language enacting the expansion of the ICL program. However, funding has been provided above the fiscal year 1989 comparable level in order to put the program on a forward funding payment stream similar to that of the other student assistance programs. Within the amounts provided, $5,000,000 will be used for loans in the 1989–90 academic year and $5,000,000 will be used for loans in the 1990–91 academic year.

ICL's are institutionally administered unsubsidized loans, averaging $2,200 in 1988, for which repayment schedules are based on the borrower's income after graduation. Loans are made from a combination of a Federal contribution and an institutional match of one dollar for every nine Federal dollars.

Perkins loans

The Committee recommends $169,000,000 for Perkins loans: $147,000,000 for new Federal capital contributions and $22,000,000 for loan cancellations. The administration requested $22,000,000 for loan cancellations only. The House allowance included $137,000,000 for capital contributions and $22,000,000 for cancellations. Collections from prior loans will provide for $751,000,000 in new loans to students in 1990. Thus, the Committee's recommended appropriation of $147,000,000 will serve to maintain the same volume of new loans as was available in fiscal year 1989.

The Perkins Loan Program provides long-term, low-interest (5 percent) loans to more than 700,000 financially needy students to enable them to finance the costs of postsecondary education. Loans are made from an institution's revolving loan fund made up of a Federal capital contribution, which must be matched, at no less than one dollar for every nine Federal dollars, by an institutional contribution, student payments on prior loans, and Federal cancellation payments. Appropriations for loan cancellations reimburse institutional revolving funds for loans which are canceled by borrowers through the performance of statutorily specified types of public service, military service, or teaching in schools with high concentrations of disadvantaged students.

State student incentive grants

For the State Student Incentive Grant Program, the Committee provides $72,000,000, which is $111,000 more than the fiscal year 1989 level, and $22,000,000 more than the House allowance. The administration's request did not include funds for this program.

Under this program, States must match Federal appropriations to provide State-based grant and work-study programs to financially needy postsecondary students. Grants and job earnings are limited to $2,500 per academic year for full-time students.

States may use up to 20 percent of their SSIG allotment in support of campus-based work-learning jobs which provide community services. Community services are those services which are designed to improve the quality of life for community residents and which provide participating students with work-learning opportunities related to their educational or vocational goals. Work-learning jobs are subject to certain restrictions under the law. Earnings from work-learning activities may not be less than the Federal minimum wage.

Student aid concerns

The Committee shares many of the concerns voiced by the House Committee regarding the integrity and direction of the Federal student assistance programs. The Committee is concerned increasingly with reports from the New York State Board of Regents and others regarding the inappropriate use of Federal student aid funds by certain proprietary institutions. While the Committee is supportive of Federal assistance to all needy students pursuing postsecondary education, the Committee is also concerned with the apparent redirection of funds away from needy students seeking to obtain a baccalaureate degree.

A high number of student loan defaults continue to plague the Federal loan programs, especially among students at proprietary institutions. Recent reports from student loan guarantee agencies around the country indicate that default costs under the supplemental loans to students [SLS] program are skyrocketing as a result of the expansion of this program to students at proprietary schools. The growing cost of defaults has already served to limit the ability of the Congress to provide an adequate level of Federal assistance to needy students, especially lower middle class and middle class students, seeking to obtain a college education.

As part of the fiscal year 1990 appropriations process, the Committee took testimony from the Education Department inspector general regarding numerous systemic vulnerabilities he finds both in the structure of the Federal student aid programs and the Secretary's administration of these programs. During fiscal year 1990, the inspector general will continue to investigate many of these vulnerabilities which are cited under the Committee's discussion of the Office of the inspector general later in this report. The Committee has provided sufficient resources to the inspector general over and above the administration's request so that he can expedite his work in these areas. The Committee expects the Secretary to give careful consideration to the findings of the inspector general in these areas and adjust management practices, promulgate regulations, and propose legislation, where appropriate.

The Committee has also provided a significant increase above the fiscal year 1989 comparable level for program administration for the Education Department. Part of this funding will be used to support the Secretary's student loan default reduction initiative. Increased funds will be used to initiate a national student loan data system as well as improve prevention, enforcement, and loan collection efforts. Additional staff resources will be utilized for litigation, the review of institutional default management plans and to enhance school monitoring activities.

GUARANTEED STUDENT LOANS

Appropriations, 1989	$4,066,828,000
Budget estimate, 1990	3,826,314,000
House allowance	3,651,000,000
Committee recommendation	3,826,314,000

The Committee recommends an appropriation of $3,826,314,000 for guaranteed student loans [GSL's]. This is $240,514,000 less than the 1989 appropriation and the same as the administration's budget request. The administration's request of $3,826,314,000 is based on legislative changes to achieve savings and to reduce the default rate which have not, to date, been adopted by the Congress.

The GSL Program is designed to promote the availability of low-interest loans from banks and other lenders to students and their parents to help meet the costs of postsecondary education. This is accomplished through the provision of Federal insurance, reinsurance, and interest subsidies.

Federal costs associated with direct insurance include payments for borrower default, death, disability and bankruptcy, and collection and administrative expenses.

In general, however, the program is administered through State and private nonprofit guarantee agencies which insure loans directly, collect defaulted loans, and provide various services to lenders. To support the insurance of student and parent loans, the Federal Government provides guarantee agencies with loan advances, reinsurance payments for borrower default, death, disability and bankruptcy, and administrative allowances.

The Federal Government also pays an interest subsidy to lenders, equal to the borrower's interest rate, on behalf of regular GSL student borrowers while they are in school and during certain grace and deferment periods. To be eligible for this subsidy, all students must demonstrate need. A Federal special allowance is also paid to participating lenders, which assures them a total yield equal to the most recent quarterly average 91-day Treasury bill rate plus 3.25 percent. Regular GSL student borrowers are charged a 5-percent origination fee which helps offset these Federal subsidies.

Considering the complexity and magnitude of the student loan default problem, it is necessary that the Secretary of Education create an environment to support additional creative solutions while insuring good performance on the part of institutions and guarantee agencies. Complementary to the objectives of the Secretary's default initiative, the Congress strongly encourages the Secretary to develop pilot projects for institutions and agencies to create self-initiatives which yield better results in areas of default reduction, data quality, and/or student loan processing. The Secretary may delegate authority to such institutions or agencies to utilize more flexible processes than those in regulation when such institutions/agencies demonstrate existing high performance standards, agree to comply with uniform standards for measurement of its performance, are willing to demonstrate new initiatives, and remain accountable for ongoing performance standards above the norm.

HIGHER EDUCATION

Appropriations, 1989	$565,729,000
Budget estimate, 1990	551,637,000
House allowance	634,976,000
Committee recommendation	620,711,000

The Committee recommends an appropriation of $620,711,000 for the "Higher education" account. This is $69,074,000 more than the administration request and $14,265,000 less than the House allowance. The recommendation is $54,982,000 more than the fiscal year 1989 appropriation. The administration proposed $551,637,000 for this account.

As part of its budget request for 1990, the administration proposed a new initiative under this account to help strengthen the leadership of the United States in the sciences. The national science scholars provide prestigious scholarships to eligible high school seniors. Funding for the National Science Scholars Program was proposed at $5,000,000. The Committee did not consider funding for this initiative since authorizing legislation has not been enacted into law.

Aid for institutional development

The Committee recommends $195,128,000 for aid for institutional development, $20,551,000 more than the 1989 appropriation and $4,614,000 more than the administration request. This amount is $7,238,000 less than the House allowance. Of the total, the Committee recommends $85,000,000 for strengthening institutions (part A); $97,000,000 for strengthening historically black colleges and universities (part B), with $12,000,000 of that amount set aside for postgraduate section 326 institutions; and $13,128,000 for endowment challenge grants (part C).

Strengthening institutions.—The part A discretionary grants support 1-year planning grants and multiyear development grants for institutions with low average expenditures per student and a significant percentage of financially needy students.

Historically black colleges and universities.—Part B authorizes formula grants to historically black colleges and universities that may be used to establish or strengthen physical plants, financial management, academic resources, and endowments. Section 326 discretionary grants are directed to five historically black postgraduate institutions for similar purposes. Authorizing legislation sets aside $3,000,000 of the section 326 funds for the Morehouse School of Medicine. Any section 326 grant above $500,000 must be matched dollar-for-dollar. If the five institutions do not qualify for the full $12,000,000 set-aside, those funds not awarded under section 326 will be awarded to other historically black colleges and universities under part B.

Endowment challenge grants.—Institutions eligible for part A or B grants may also apply for part C endowment challenge grants, which may not exceed $500,000 or be less than $50,000 and generally must be matched dollar-for-dollar by the institution. Part C funds remain available until expended.

Endowment grants for historically black colleges and universities.—As part of its 1990 budget request, the administration requested $10,000,000 for a new program providing endowment grants to historically black colleges and universities. The Committee did not consider funding for this initiative since authorizing legislation has not been enacted into law. Historically black colleges and universities are currently eligible to participate in part C endowment challenge grants.

Fund for the improvement of postsecondary education

The Committee recommends $11,856,000 for the fund for the improvement of postsecondary education. This amount is the same as the 1989 appropriation, the administration request, and the House allowance.

The fund supports exemplary, locally developed projects which have potential for addressing problems and recommending improvements in postsecondary education. The fund is administered by an independent board which provides small discretionary grants and contracts awarded competitively to a variety of postsecondary institutions and agencies (including 2 and 4 year colleges and universities, State educational agencies, community-based organizations, and other institutions and organizations concerned with education beyond high school).

Mid-career teacher training

The House provided $2,000,000 to initiate the midcareer teacher training program. The Committee did not include funding for this program. No funding was provided for this activity in fiscal year 1989 and the President did not request funding for this program. This program would provide grants to colleges and universities to support teacher training to individuals who are moving to a career in education from another occupation.

Minority Science Improvement Program

The Committee recommends $5,487,000 for the Minority Science Improvement Program, $180,000 more than the 1989 appropriation and the same as the administration request and the House allowance.

This program provides discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science education programs and increase the number of minority students in the fields of science, math, and engineering.

Innovative projects for community services

The Committee includes $1,500,000 for innovative projects for community services, $46,000 more than the 1989 appropriation. The administration did not request funds for this program and the House did not provide any.

Administered through the fund for the improvement of postsecondary education, the program supports projects to determine the feasibility of encouraging student participation in community service projects in exchange for educational services or financial assistance.

International education and foreign language studies

The Committee recommends $38,817,000 for the domestic and overseas components of this program. This is $7,759,000 more than the 1989 appropriation and $8,500,000 more than the administration request, and $1,500,000 less than the House allowance. The Committee recommends $33,614,000 for the domestic programs and $5,203,000 for the overseas programs.

Under these programs, grants are provided to help finance American colleges and universities in foreign languages as well as area and international studies. Domestic programs include: National research centers, fellowships, research projects, and international business education projects and centers. Overseas projects include: Group projects, faculty research, doctoral dissertation research, and special bilateral projects.

The Committee notes that last year the Universities Service Centre in Hong Kong passed from American control due to a lack of resources. In recent weeks this loss of the major research library of contemporary Chinese affairs has been a serious blow to American scholars. There are 13 overseas research centers still in existence, providing crucial assistance and fellowship support to U.S. scholars and students. The Committee encourages the Secretary to review carefully the funding requests from the centers and to consider their important work when making grants from this appropriation.

Within the amount provided for domestic programs, the Committee has included $5,000,000 for the expansion of the International Business Education Centers Program. This program was started at the nominal sum of $741,000 in fiscal year 1989. Funds provided in fiscal year 1990 will go toward reduced second year continuation awards to fiscal year 1989 grantees as well as a new larger competition for 3-year awards as called for in the authorizing statute.

The Committee concurs in the expectation of the House Committee that within the amount provided for domestic programs, $1,000,000 shall be used for up to two foreign language resource centers focused on critical language training.

Cooperative education

The Committee has included $13,622,000 for cooperative education, which is the same as the 1989 appropriation and the House allowance. The administration did not request funding for this program.

The Cooperative Education Program funds discretionary grants for projects providing work experiences for students that relate to their chosen fields and provide earnings to help finance their college educations.

Law school clinical experience

The Committee includes $3,952,000 for the law school clinical experience program, the same as the 1989 appropriation and $1,048,000 less than the House allowance. The administration did not request funding for this program.

This program, funded since 1978, supports discretionary grants to law schools for the administrative costs of expanding or establishing clinical experience programs for law students.

Student Literacy Corps

The Committee recommends $5,108,000 for the Student Literacy Corps which is $168,000 more than the 1989 appropriation and the same as the House allowance and the administration request.

The Student Literacy Corps promotes the development of literacy corps programs at institutions of higher education. Institutions that have participated in community service activities may receive discretionary grants to pay for the administrative costs of the programs and to pay stipends for student coordinators. Under the programs, undergraduate students provide tutoring services to educationally or economically disadvantaged individuals in return for academic credit. In fiscal year 1989, approximately 70 percent of submitted grant applications are expected to be awarded.

Interest subsidy grants

The Committee recommends $22,744,000 for interest subsidy grants, which is the same as the administration request and the House allowance. It is the same as the 1989 appropriation.

This mandatory appropriation is required to meet the Federal commitment to pay interest subsidies on about 550 prior year loans for the construction, renovation, and equipping of postsecondary academic facilities. No new interest subsidy commitments have been entered into since 1973. However, subsidy payments on existing loans are expected to continue until the year 2013.

Academic facilities construction grants

The Committee has not provided funds for academic facilities construction grants. No funds were provided in 1989 or in the House allowance. The administration did not request funding. In the past, this account has financed construction grants to institutions of higher education.

Assistance to Guam

The Committee recommends $500,000 for assistance to Guam, which is $27,000 more than the 1989 appropriation and the House allowance. The administration did not seek funding for this program.

Assistance to Guam is authorized to provide partial reimbursement to the University of Guam for costs incurred in providing postsecondary education services to students from other Pacific-area U.S. territories.

Robert A. Taft Institute of Government

The Committee has not included funding for the Robert A. Taft Institute of Government. This activity is no longer authorized and authorizing legislation is not under consideration in either the House or Senate. In fiscal year 1989, the Institute received $709,000.

A dollar-for-dollar matching grant was provided to the institute in previous years to assist in developing education programs to train elementary and secondary teachers in the principles of democracy and the governmental and political processes of the United States.

Special higher education projects

The Committee has provided $5,000,000 for a permanent endowment for the Margaret Chase Smith Library Center in Skowhegan, ME, as authorized in sections 139 and 140 of Public Law 100–202. Annual income from the endowment will be used to bring together leaders from Government, business, labor, and the nonprofit sector for a regular lecture series. Part of the endowment income shall also be used to support grants to congressional scholars, the acquisition of publications, public exhibits, and the annual expenses of the library center. In providing this appropriation, the Committee wishes to pay tribute to Senator Smith, a former member of the Committee, and commend her tireless work with the library center as she approaches her 92d birthday.

Urban Education Foundation

The administration originally proposed $1,600,000 for the Urban Education Foundation to fulfill the Federal commitment made in 1983 to provide $3,400,000 for this activity. The Congress included these funds in 1989 supplemental appropriations. No further funding of this activity is necessary.

Special programs for the disadvantaged

The Committee recommends $240,000,000 for special programs for the disadvantaged, commonly known as TRIO. This amount is $20,743,000 greater than the 1989 appropriation and $11,832,000 greater than the administration request, and $8,168,000 less than the House allowance.

The TRIO programs include: Upward bound, which offers disadvantaged high school students academic services to develop the skills and motivation needed to continue their educations; student support services, which provides remedial instruction and counseling to disadvantaged college students to help them complete their educations; talent search, which identifies and counsels young persons regarding opportunities for completing high school and enrolling in postsecondary education; educational opportunity centers, which provide information and counseling on available financial and academic assistance to adults in low-income areas; and the Ronald E. McNair Postbaccalaureate Achievement Program, which provides research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in postgraduate programs. The Staff Training Program supports training activities for TRIO project staff.

Veterans' educational outreach

The Committee recommendation includes $2,838,000 for veterans' educational outreach, the same as the 1989 appropriation and the House allowance. The administration requested no funding for this program.

This program provides formula grants to postsecondary institutions to help support offices of veterans' affairs which provide outreach, recruitment, special educational services, and counseling. Funds are allocated on a formula basis. In fiscal year 1989, approximately 517 grants are expected to be awarded, averaging about $5,489.

Legal training for the disadvantaged

The Committee has recommended $2,000,000 for legal training for the disadvantaged, which is $108,000 more than the 1989 appropriation, and $44,000 more than the administration request, and $500,000 less than the House allowance. Legal training for the disadvantaged supports law school scholarships and prelaw training for individuals from disadvantaged backgrounds to help them enter and complete law school. Funds are awarded by noncompetitive grant to the Council on Legal Education Opportunity [CLEO], which administers the program and receives a large percentage of its funds from private sources.

School, college, and university partnerships

The Committee provides $3,000,000 for the school, college, and university partnerships program, which is $240,000 more than the 1989 appropriation and $146,000 more than the House allowance and the administration request.

The program promotes joint projects between colleges and universities and high schools serving low-income students which will increase students' academic skills and enhance their prospects for postsecondary education or employment. Funding provided in fiscal year 1990 will be used to support a new competition for awards authorized under section 523 of the Higher Education Act.

The Committee directs that not less than $400,000 of the amount provided must be used to support curriculum or equipment costs through a demonstration grant to a community college conducting a partnership program linking secondary schools and a university which emphasizes advancement to higher education and degree completion, leading to employment. The project should identify low-income students who would begin preparation in their junior year of high school, continue their technical education at the community college, and have the opportunity to complete the degree program at the institution. The Committee notes that the Indian Hills Community College in Ottumwa, IA, would be ideally suited to conduct this project and the Secretary chose to ignore the Committee's intent regarding this matter in fiscal year 1989. In fiscal year 1990, the Committee expects the Secretary to issue an invitational priority for the project described above.

Robert C. Byrd honors scholarships

The Committee has included $9,000,000 for the Robert C. Byrd Honors Scholarship Program, which is $800,000 more than the 1989 appropriation and $521,000 more than the administration request and the House allowance.

The Robert C. Byrd Honors Scholarship Program is designed to promote student achievement and to recognize exceptionally able students who show promise of continued excellence. It is the only scholarship program within the Department of Education through which grants are awarded solely on merit. The program provides $1,500 nonrenewable scholarships for the first year of undergraduate study to high school graduates who have demonstrated outstanding academic achievement. Funds are allocated to State education agencies based on their school-aged population. The State education agencies select the recipients of the scholarships in consultation with school administrators, teachers, counselors, and parents.

Funding for this program was initiated in fiscal year 1987. Since its inception, the program has supported approximately 9,400 scholarships to outstanding young scholars. During fiscal year 1989, an additional 4,880 scholarships will be awarded. The amount provided by the Committee will support 5,390 scholarships in fiscal year 1990.

Paul Douglas teacher scholarships

The Committee recommends $16,000,000 for the Paul Douglas teacher scholarships, which is $765,000 more than the 1989 appropriation and $1,765,000 more than the House allowance. The administration did not seek funding for this program.

This program encourages outstanding high school graduates to pursue teaching careers in elementary and secondary education. State education agencies receive formula grants to provide up to $5,000 per year to recipients chosen on the basis of merit. Recipients must agree to teach for 2 years per year of supported study or repay the amount of the scholarship with interest.

Patricia Roberts Harris graduate fellowships

The Committee recommends $16,245,000 for Patricia Roberts Harris graduate fellowships which is $534,000 more than the 1989 appropriation and the same as the administration request and the House allowance.

This program provides discretionary grants to postsecondary institutions to assist minority and women students in pursuing graduate and professional study in fields in which they have been traditionally underrepresented. In 1987-88, approximately 50 percent of the fellowships were awarded for engineering and the physical and life sciences.

Patricia Roberts Harris public service fellowships

The Committee recommends $3,320,000 for Patricia Roberts Harris public service fellowships, which is the same as the 1989 appropriation and the House allowance. The administration did not request funding for this program.

Grants are awarded on a competitive basis to institutions of higher education for fellowships in order to increase the number of graduate students trained for leadership and management positions in public service.

Jacob K. Javits fellowships

The Committee includes $8,000,000 for Jacob K. Javits fellowships, which is $96,000 more than the 1989 appropriation and $2,230,000 more than the administration request, and $1,230,000 more than the House allowance.

This program provides fellowships to students for graduate study in the arts, humanities, and social sciences. The fellowships are awarded through a national competition, and recipients pursue graduate study at the institutions of their choice.

Minority participation in graduate education

The Committee provides $3,594,000 for minority participation in graduate education, which is $118,000 more than the 1989 appropriation and the same as the administration request and the House allowance. The program provides grants to institutions of higher education to support fellowship aid to needy undergraduate minority students to help them prepare for graduate study. Funds are used for stipends, room and board costs, transportation, and tuition for summer research internships and seminars.

Graduate assistance in areas of national need

The Committee recommends $13,000,000 for the graduate assistance in areas of national need program, which is $156,000 more than the 1989 appropriation, $4,000,000 less than the House allowance, and $1,055,000 more than the administration request.

The Secretary awards grants to graduate academic departments and programs in areas of study determined to be of national need. Suggested subjects include mathematics, physics, biology, chemistry, and engineering. Grants must be used for graduate student fellowships. Recipients must have financial need, excellent academic records, and plans to pursue a teaching or research career. Graduate students may receive assistance for no more than 5 years.

HIGHER EDUCATION FACILITIES LOANS

This account services a portfolio of subsidized loans that were made to colleges and universities from 1965 through 1983 for the construction and renovation of academic facilities. No appropriation is requested or provided because operating income is expected to be sufficient to finance all expenses of the loan fund.

HOWARD UNIVERSITY

Appropriations, 1989	$178,973,000
Budget estimate, 1990	184,904,000
House allowance	184,904,000
Committee recommendation	178,928,000

The Committee recommends an appropriation of $178,928,000 for Howard University. The recommendation is $5,976,000 less than the administration request and the House allowance, and $45,000 less than the fiscal year 1989 appropriation.

Howard University offers undergraduate, graduate, and professional degrees through the 18 schools and colleges which comprise the university. The university also administers the Howard University Hospital, which provides both inpatient and outpatient care, as well as training in the health professions. Federal funds from this account support about 69 percent of the university's educational and general costs, excluding the hospital. In addition, Howard University students receive an estimated $19,224,000 in Federal student aid, and the university receives another $21,213,000 through other Federal grants and contracts.

Of the total amount recommended, the Committee provides $151,806,000 for Howard's academic program, $4,730,000 for research, and $20,910,000 for the Howard University Hospital. For the endowment fund, $1,482,000 is provided, in accordance with Howard University's general authorizing legislation. The university is estimated to be able to match this amount of endowment funding in 1990, although bill language has been included to make these funds available until expended.

The Committee concurs in the directive of the House that Howard University should implement a 50-percent tuition surcharge for foreign students. However, the Committee is concerned that this surcharge would work a hardship on such students, especially students from the Third World, if implemented in a single year. The Committee, therefore, directs the Secretary of Education to develop a plan in consultation with Howard University to phase in a 50-percent tuition surcharge over a multiyear period.

The Committee looks forward to reviewing the Secretary's audit of the university which was mandated by the House Committee.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

Appropriations, 1989	$31,315,000
Budget estimate, 1990	5,129,000
House allowance	35,129,000
Committee recommendation	5,129,000

The Committee does not provide new borrowing authority for college housing and academic facilities loans. The House recommended $30,000,000 in new borrowing authority, and $5,129,000 in appropriations to pay for the interest shortfall on loan obligations made from 1987 through 1989. No new borrowing authority was requested by the administration. In 1989, $29,640,000 in borrowing authority was provided.

The Committee does provide $5,129,000 to pay for the interest shortfall on loan obligations made from 1987 through 1989. This amount was requested by the administration and included in the House allowance.

This account was created in 1987 pursuant to the Higher Education Amendments of 1986 and supports financing for the construction and renovation of postsecondary housing and other academic facilities through direct, subsidized loans made from a general fund. Loans are provided at interest rates no higher than 5.5 percent and for terms of not more than 50 years. The Department has annually provided new loans to institutions since 1987 by borrowing from the Treasury. Appropriations are required to pay the interest shortfall on the subsidized loans. Loans made prior to 1987 were financed by a revolving fund which is managed under the "College housing loans" account.

While the Committee has not provided new borrowing authority within this account, facility renovation and construction assistance is expected to be available through the College Construction Loan Insurance Association.

COLLEGE HOUSING LOANS

This account finances activities related to the management of college housing loans made from the revolving fund prior to 1987 under title IV of the Housing Act of 1950. No appropriation is requested or provided because principal repayments and interest revenue on prior-year loans will be adequate to pay for current-year program operating costs.

EDUCATION RESEARCH AND STATISTICS

Appropriations, 1989	$78,201,000
Budget estimate, 1990	101,330,000
House allowance	100,330,000
Committee recommendation	95,420,000

The Committee recommends an appropriation of $95,420,000 for education research and statistics. The recommendation is $17,219,000 more than the fiscal year 1989 appropriation, $5,910,000 less than the administration request, and $4,910,000 less than the House allowance.

Educational research and statistics funds are administered by four program offices. The Office of Research supports university-based education research and development centers, research grants, and field-initiated research in an effort to advance knowledge about education practice and to solve, eliminate, or illuminate specific education problems.

Most of the resources of the programs for the improvement of practice unit are directed to the regional educational laboratories, which help meet educational needs in particular regions through applied research, dissemination, and technical assistance. Other unit activities include synthesizing research results in publications for teachers, parents, and school administrators.

The information services unit supports the Education Resources Information Center [ERIC] system, which collects, abstracts, and disseminates information on education. The unit also issues numerous publications.

The National Center for Education Statistics collects, analyzes, and reports education statistics. Its major activities include collection of data on educational institutions at all levels; the National Assessment of Educational Progress [NAEP], which is a continuing survey of the knowledge and skills of U.S. students; and collection of longitudinal data on student progress, including information about course enrollments, financial aid, and the transition from high school to college.

Research

Of the amount provided for education research and statistics, the Committee recommends $55,100,000 for research, as authorized under section 405 of the General Education Provisions Act. This amount is $8,021,000 more than the 1989 appropriation, $4,140,000 more than the administration request, and $1,910,000 less than the House allowance.

Activities of the Office of Research include basic and applied research, evaluations, and analyses of Federal, State, and local education policies.

Within the amount provided, not less than $17,760,000 shall be allocated to the research and development centers program as mandated in section 405 of the General Education Provisions Act. In fiscal year 1989, the contracts for three minicenters will expire, making approximately $1,000,000 available for new activities under the current funding level. The Committee directs that these funds be used for a new competition to establish a Center for Teacher

Evaluation and finds that the Iowa State University in Ames, IA, would be ideally suited to operate such a center.

The Committee has also provided, within the amount appropriated, $17,800,000 for the applied research, development, dissemination, and technical assistance activities of the nine regional laboratories. This amount is the same as the President's request and $800,000 more than the comparable level for fiscal year 1989 and the minimum amount mandated in the General Educational Provisions Act, as amended.

The Committee has provided an additional $6,000,000 to continue the rural education small schools initiative administered through the regional laboratories. The Committee intends that this funding be allocated to laboratories whose boards of directors wish to work with State-level policymakers, particularly State legislators, on issues related to the education of children in rural, small schools. These schools, given their size and geographical isolation, are already hard pressed to provide the kind of education children need for the world awaiting them. Budget dwindling enrollments and fiscal constraints further handicap these schools. Therefore, the Committee intends that the laboratories work within their regions to help State policymakers and local districts reorganize and rethink roles and functions of rural schools.

The Committee recognizes a number of unique educational challenges faced by residents of the Pacific basin region which require serious attention. These challenges include extremely low high school retention rates, massively high illiteracy rates, and very limited access to early childhood education and postsecondary education opportunities. The establishment of a laboratory for the Pacific basin will be instrumental in improving the overall educational opportunities and performance for all population in this region. The Committee expects the Secretary to adhere to the Department's regulations governing the location of the regional laboratories and establish a laboratory in the Pacific basin as part of the recompetition of the regional laboratories scheduled to take place in fiscal year 1990.

The numbers of educationally disadvantaged children are increasing rapidly, particularly in California and the Southwest. From 1970 to 1980, U.S. public school minority enrollments from kindergarten to grade 12 rose from 9.5 million to 11 million, or from about 21 percent to 27 percent of the total U.S. enrollment. It is expected that by the year 2020, minority children will represent almost one-half of all U.S. children ages 17 and under, a level already reached in California and Texas.

Coupled with current numbers of educationally disadvantaged students from native Hawaiian, Pacific Islander and native American Indian groups, the states and sovereign governments of the Pacific Basin have an unprecedented opportunity for research and demonstration programs targeted toward improving the educational performance of these groups. Accordingly, a major priority of the Pacific Basin Laboratory should be on developing and refining strategies to maximize the educational outcomes of these emergent majority groups.

The Committee believes that the Department should support research and development in the field of teacher assessments for a national nongovernmental advanced teacher certification program. The Committee also believes that a national advanced teacher assessment program will enhance the Federal investment in education and improve the quality of classroom instruction. Therefore, the Committee directs the Secretary to provide the National Board for Professional Teaching Standards not less than $5,000,000 in Federal matching funds for the board's research and development efforts. The Committee directs that each Federal dollar spent by the board be matched by the Board with non-Federal funds and the total spent only for research and development contracts made on a competitive basis. Funds provided to the board shall remain available until expended.

For field initiated research, the Committee has provided $750,000, $250,000 more than the comparable fiscal year 1989 appropriation. This program supports grants to independent scholars in the field of educational research. The Secretary makes awards through a peer review process.

The Committee has provided $6,650,000 for the Education Resources Information Center [ERIC] system. While the amount provided is the same as the amount requested by the administration, the Committee does not concur in the spending plan envisioned by the Secretary. The ERIC clearinghouses serve as an integral link between the public and the ERIC system. Yet, the expansion plan proposed by the Secretary does not provide an adequate level of resources to enhance the role of the clearinghouses within the system. Indeed, funding levels for the clearinghouses in the past have not been sufficient to allow them to maintain a steady level of capabilities. The Committee, therefore, directs the Secretary to revisit his plans for the expansion of ERIC and reallocate resources from other planned activities within ERIC in order to provide a significant boost in funding for the clearinghouses. The Committee expects to monitor the Secretary's actions in this regard.

The administration proposed as part of its budget request a new initiative to encourage innovation, to collect data and support experimentation. In 1990, the Experiments for Educational Achievement Program would be funded for $13,000,000. The Committee did not include funding for this initiative as these activities will continue to be funded elsewhere in the Office of Educational Research and Improvement.

The Committee expects resources provided for research activities to be allocated as follows:

Research activities—fiscal year 1990

	Committee recommendation
Office of Research:	
Research and development centers	$17,760,000
Field-initiated research	750,000
Professional Teaching Standards Board	5,000,000
Other research	500,000
Subtotal	24,010,000
Programs for improvement of practice:	
Regional laboratories	17,800,000
Rural education program	6,000,000

Research activities—fiscal year 1990—Continued

	Committee recommendation
Other improvement activities	250,000
Subtotal	24,050,000
Information services:	
Education Resources Information Center [ERIC]	6,650,000
Other dissemination activities	390,000
Subtotal	7,040,000
Total, research	55,100,000

Statistics

The Committee recommendation includes $25,320,000 for the programs of the National Center for Education Statistics. This amount is $3,584,000 more than the 1989 appropriation, and the same as the administration request and the House allowance.

The National Center for Education Statistics provides leadership in developing and promoting the use of standardized terminology and definitions for the collection of education statistics.

Assessment

The Committee recommends $15,000,000 for assessment. This amount is $5,614,000 more than the 1989 appropriation, $2,950,000 more than the administration request, and $2,000,000 more than the House allowance.

Funds provided for assessment activities are administered by the National Center for Education Statistics and go toward the continuation and expansion of the National Assessment of Educational Progress [NAEP]. The primary goal of the NAEP is to determine and report the status and trends over time in educational achievement, subject by subject.

The Committee strongly supports the new expansion of NAEP and the State-by-State comparative assessments called for in Public Law 100-297. The Committee is disturbed, however, that while the administration has voiced similar support, the President's budget request for this program would not begin to meet many newly required costs associated with the planned expansion. The Committee has provided a substantial funding increase for NAEP but recognizes that the level provided may still be insufficient to allow for all of the expanded activities anticipated by the authorizing statute. The Committee, therefore, would give expedited consideration to any reprogramming requests submitted by the Secretary to transfer funds to NAEP from other activities within the statistics budget.

LIBRARIES

Appropriations, 1989	$137,200,000
Budget estimate, 1990	137,200,000
House allowance	114,876,000
Committee recommendation	143,612,000

The Committee recommends an appropriation of $143,612,000 for libraries in fiscal year 1990, which is $6,412,000 more than the fiscal year 1989 level and the administration request, and $28,736,000 more than the House allowance.

Federal library funds provide grants to States to improve and extend library services, including adult literacy programs in public libraries. The Federal appropriation also supports resource sharing efforts among libraries, programs for personnel training, and support for research libraries.

The administration proposes legislation to replace the existing programs within the "Libraries" account with three new programs—services to the disadvantaged, resource sharing, and research and assessment—to be funded at $91,000,000, $45,000,000, and $1,200,000, respectively. The Committee provides the libraries appropriation according to the current program structure since the administration's legislative proposal has not been enacted.

Public library services

The Committee has provided $84,000,000 for public library services, $2,991,000 more than the 1989 appropriation and the House allowance. States receive population-based formula grants to assist in extending and improving public library services. Grants are also used to make library services more accessible to persons who, because of barriers such as age, residence, or physical handicap, have not had access to adequate library services. State and local matching requirements range from 33 to 66 percent of total project costs.

Public library construction

The Committee recommends $23,000,000 for public library construction, $676,000 more than the fiscal year 1989 appropriation. The House terminated funding for this program. Under this program, States receive grants based on population for new public library construction, as well as for modification of existing library facilities. Projects to remove architectural barriers and to reduce energy consumption are also permitted. State and local matching requirements range from 50 to 66 percent.

Interlibrary cooperation

The Committee provides $20,000,000 for interlibrary cooperation, $898,000 more than the fiscal year 1989 appropriation and the House allowance. States receive formula grants based on population to stimulate interlibrary cooperation and resource sharing among all types of libraries: school, academic, public, and other special libraries. Grants fund projects such as linking libraries to data bases through telecommunication systems, resource sharing projects not linked to automation, and training of library personnel to handle recent technological advances. The Committee believes that interlibrary cooperation is a cost-effective way to meet libraries' acquisition needs and may, in the long run, reduce the need for Federal support of public library services and construction.

Library literacy programs

The Committee recommends an appropriation of $6,000,000 for library literacy programs, $1,270,000 more than the 1989 appropriation and the House allowance. Under this program, grants are awarded to State library administrative agencies and local public libraries to promote adult literacy training in public libraries.

Training and demonstrations

The Committee has provided $1,000,000 for library career training and for research and demonstrations, which is $291,000 more than the 1989 appropriation and the House allowance. This program supports grants to institutions of higher education and library organizations to train or retrain individuals for service in all types of libraries. Funds are also used for research and demonstrations leading to improved library services and for data collections and surveys.

Research libraries

The Committee recommends an appropriation of $5,800,000 for research libraries, which is $125,000 more than the 1989 appropriation and the House allowance. Grants are awarded to assist major research libraries, both public and private, in maintaining, preserving, and strengthening their collections. Funds may be used to acquire research materials, preserve collections, increase access to research materials, and promote interinstitutional activities.

College library technology

The Committee provides $3,812,000 for college library technology and cooperation grants, which is $161,000 more than the House allowance and the 1989 appropriation. Discretionary grants are awarded to institutions of higher education for: equipment necessary to participate in networks for sharing of library resources; assistance in establishing and strengthening joint use library facilities; and research and demonstration projects in utilizing technology. Institutions must match 33 percent of their grant with non-Federal funds.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 1989	$250,464,000
Budget estimate, 1990	279,446,000
House allowance	269,946,000
Committee recommendation	282,446,000

The Committee recommends an appropriation of $282,446,000 for program administration. This is $3,000,000 more than the administration request, $12,500,000 more than the House allowance, and $31,982,000 than the fiscal year 1989 appropriation.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services. Support for program and management evaluation and advisory councils is also provided under this activity.

The increase over 1989 is provided for approximately 100 additional FTE's that are necessary to administer the new programs funded in the Department over the last several years and to cover the costs of contracts for processing student aid applications.

The Committee believes that the national student loan data system should be developed as soon as possible, and it has included $3,000,000 above the pending request, so that the Department can begin implementation of a phased approach for this project in 1990. The first phase will involve improving and expanding data already received from guaranty agencies, lenders, and schools. By implementing the system in phases it is hoped that the Department can iron out any difficulties in advance and demonstrate its ability to administer the system.

Within the amount provided for program administration, the Committee has included $500,000 for the Secretary to conduct evaluation studies of Gallaudet University. This activity was requested by the President under the "Gallaudet University" account. The Committee, however, has not provided funding for the studies under the "Gallaudet University" account. The House took similar action.

The Committee is very concerned with reports of extremely long waiting periods endured by grant and contract applicants as they wait to learn of the fate of their applications from the Education Department's Grants and Contracts Service [GCS]. In certain instances, grant applicants have submitted proposals for consideration by the Secretary on a timely basis but have not learned of the fate of their application until a few days before the academic year for which the grant activity was planned. Most of the Federal grant dollars administered by the Secretary are appropriated on a forward-funded basis so that the Secretary and the Nation's educators will have adequate time to plan for the upcoming academic year. However, the delays endured by educators due to logjams within the Education Department have, in many instances, effectively undercut the positive aspects of forward funding.

The Committee, therefore, directs the Secretary to submit to the Committee a report detailing the usual waiting period from the closing date for the submission of applications to the date the applicants are notified as to the fate of their applications. The report, shall also include detailed data regarding the length of time from which materials are transmitted to GCS from the Department's program offices and the time grant and contract applicants are notified as to the fate of their applications. The report shall include data both on the range and the average waiting periods for the Department's many programs. The Committee expects the Secretary to submit the report no later than 90 days following Senate passage of this bill. As part of this report, the Committee would welcome comments and an action plan by the Secretary to address this problem.

OFFICE FOR CIVIL RIGHTS

Appropriations, 1989	$41,635,000
Budget estimate, 1990	45,178,000
House allowance	45,178,000
Committee recommendation	45,178,000

The Committee recommends an appropriation of $45,178,000 for the Office for Civil Rights [OCR]. This is the same as the administration request and the House allowance and $3,543,000 more than the fiscal year 1989 appropriation.

The Office for Civil Rights is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, handicap, and age in all programs and institutions funded by the Department of Education. To carry out this function, the OCR investigates and resolves discrimination complaints; monitors desegregation and equal educational opportunity plans; reviews possible discriminatory practices by recipients of education funds; and provides technical assistance to funding recipients to help them meet civil rights requirements. Over 55 percent of the Department's complaints involve discrimination because of a handicap. Approximately 20 percent of the Department's complaints involve race discrimination.

The Committee understands that OCR has experienced a significant increase in its workload as a result of the passage of the Civil Rights Restoration Act in March 1988. The recommended level would support 820 FTE's and would enable OCR to handle the increased workload and to expand compliance reviews and technical assistance activities. The compliance reviews will be made at several schools where the Committee understands Asian-Americans may not be receiving fair admissions treatment. During appropriation hearings, the Secretary assured the Committee that he would follow up on any evidence of such discrimination. The Committee expects the Secretary and the Assistant Secretary of Civil Rights, to give their highest priority to the completion of the relevant compliance reviews and the diligent enforcement of the civil rights statutes in this area.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1989	$18,619,000
Budget estimate, 1990	22,000,000
House allowance	22,000,000
Committee recommendation	23,381,000

The Committee recommends an appropriation of $23,381,000 for the Office of the Inspector General. This is $1,381,000 more than the administration request and the House allowance, and $4,762,000 more than the fiscal year 1989 appropriation. The recommended level would support the 330 FTE's requested.

The Office of the Inspector General has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office is responsible for the audit, investigative, and security functions of the Department.

The Committee is pleased that the Office of the Inspector General has given increased attention to investigations of systemic fraud and abuse in the postsecondary student aid programs. However, much more needs to be done in this area, especially to prevent schools from participating for years in the student aid programs when they have never met all the eligibility requirements. The Committee's recommendation includes resources to support 330 FTE's and to increase the number and scope of audits and investigations.

The Committee has provided funding in excess of the level requested by the President so that the inspector general can enhance and expedite his investigations into systematic vulnerabilities in the student aid programs involving postsecondary institutions, especially proprietary schools. Specifically, the inspector general will complete investigations and publish his findings regarding whether the Secretary of Education is doing an adequate job of evaluating and certifying accrediting bodies. As part of the Committee's hearing process for fiscal year 1990, the inspector general testified to the existence of accreditors of last resort and observed that at least one accrediting body certified by the Secretary advertises that they will accredit a school if nobody else will. Other relevant areas which will be investigated by the inspector general include:

Results of training.—A review of whether proprietary vocational schools are providing training which prepares students for useful and gainful employment in the occupation for which they have been trained;

Ability to benefit.—A study to determine what procedural, regulatory, or legislative changes are needed to insure that students who are admitted to an institution without a high school diploma or its equivalent will truly stand to benefit from the instruction they receive.

Recruitment practices.—A review of whether schools are using commissioned salespersons to promote loan activity and are engaging in other abusive, misleading, or illegal recruiting practices;

Branch campuses.—A review of procedures and/or regulations to prevent ineligible institutions from renting accreditation from other campuses in order to bypass the Secretary's usual certification and eligibility requirements;

Course length.—A study on the degree to which institutions are misrepresenting the length of their courses in order to meet minimum course length requirements and/or qualify for greater levels of Federal student aid;

Accreditation, eligibility, and certification.—A study to determine whether there are areas where the accreditation, eligibility, and certification processes do not assure the integrity of the Federal student aid programs;

Due diligence.—A study to identify the extent to which student loan lenders and guarantee agencies have not conducted required loan collection activities and falsified records of such activities so that reimbursement claims could be filed with the Federal Government.

TITLE IV—RELATED AGENCIES

ACTION

OPERATING EXPENSES

Appropriations, 1989	$170,420,000
Budget estimate, 1990	170,417,000
House allowance	Defer
Committee recommendation	181,092,000

The Committee recommends an appropriation of $181,092,000 for ACTION. The amount recommended is $10,672,000 more than the fiscal year 1989 appropriation and $10,675,000 more than the administration request. The House deferred action on this agency since appropriations are not yet authorized for fiscal year 1990.

VISTA

The Committee provides $23,615,000 for the Volunteers in Service to America [VISTA] Program. This is the same as the administration request and $1,968,000 more than the fiscal year 1989 appropriation.

This funding level will provide for 2,600 volunteer service years. Consistent with the administration request. Increased funds will be used to support an 11.5-percent increase in the subsistence allowance for each VISTA volunteer. This increase will better enable the volunteers to live at the economic level of the low-income people they serve. The Committee directs ACTION to continue to recruit, train, and place volunteers evenly throughout the fiscal year. The Committee, again, wishes to highlight the importance of recruiting recent college graduates as VISTA volunteers.

The Committee expects ACTION to continue its efforts in publicizing the student loan deferment opportunities available to VISTA volunteers authorized under sections 428(b)(1)(M) and 464(c)(2)(A) of the Higher Education Act of 1965, as amended. The Committee further expects that all recruitment materials and information provided to potential VISTA volunteers will publicize the availability of these loan deferment opportunities.

VISTA Literacy Corps

The Committee has included $3,096,000 for the VISTA Literacy Corps. The Committee recommendation is $258,000 more than the fiscal year 1989 comparable appropriation.

This level of funding is intended to continue support for 335 volunteer service years in fiscal year 1990. As in the case of the regular VISTA program, increased funds will be used to provide an 11.5-percent increase in the subsistence allowance for the volunteers in the VISTA literacy corps. The Director shall continue to place section 109 volunteers evenly throughout the fiscal year and, wherever possible, through standard VISTA placement procedures. It continues to be the Committee's intention that VISTA Literacy Corps volunteers serve as mobilizers and catalysts in recruiting and training community volunteers and in providing public education and awareness of literacy programs, rather than serve as providers of 1-on-1 tutoring. As in previous years, Literacy Corps funds for fiscal year 1990 shall be used to supplement and not supplant the average level of volunteer service years provided under part A for literacy projects in fiscal year 1989.

Student community service

The Committee recommends an appropriation of $906,000 for the service learning programs. This is $446,000 less than the administration request and the fiscal year 1989 comparable appropriation. This program provides training and technical assistance for high school, college, and community agency staff who develop and manage student volunteer programs.

The Committee has provided sufficient funding for a phase out of the Student Community Service Program. Funds provided should be sufficient to continue second- and third-year continuation awards for these 3-year grants but a new series of grants will not be made. The Committee finds that this program is duplicative with the Student Community Service Program funded and authorized under title X, part C of the Higher Education Act.

Citizen participation and volunteer demonstration programs

The Committee recommends $1,600,000 for citizen participation and volunteer demonstration programs as authorized under title I, part C of the Domestic Volunteer Services Act. This is $2,850,000 less than the fiscal year 1989 comparable appropriation and $1,050,000 less than the administration request. Of the amounts provided, the Committee intends that all available funds will be used to support ACTION drug alliance activities. These activities seek to mobilize and initiate private sector efforts to increase voluntarism in preventing drug abuse through public awareness and education.

Older American volunteer programs

The Committee provides $124,000,000 for the older American volunteer programs. This is $9,075,000 more than the fiscal year 1989 appropriation and the administration request. The Committee recommendation includes $62,000,000 for the Foster Grandparents Program. This is $3,072,000 more than the fiscal year 1989 appropriation. This program enables low-income senior citizens to provide supportive, person-to-person services to children with special needs. Volunteers serve 20 hours a week providing care and attention on a 1-to-1 basis to needy children. The Committee expects that not less than one-half of the funds provided above the fiscal year 1989 comparable level shall be used to enhance the number of volunteers in current programs. The Director may use the remaining increased funds for new projects provided that all regions of the country are eligible to receive new projects. Should the Director find that the remaining level of increased funds is insufficient to initiate a sufficient number of new projects, all of the increased funds shall be used to enhance the number of volunteers in current programs.

For the Senior Companion Program, the Committee has provided $29,000,000. This is $3,865,000 more than the fiscal year 1989 appropriation and the administration request. This program enables low-income senior citizens to provide personal assistance and companionship primarily to older adults. Senior companions assist other senior citizens who have physical, mental or emotional impairments, and who are chronically homebound and at risk of institutionalization. Low-income seniors receive a small stipend for their voluntary service. The Committee expects that not less than one-half of the funds provided above the fiscal year 1989 comparable level shall be used to enhance the number of volunteers in current programs. The Director may use the remaining increased funds for new projects provided that all regions of the country are eligible to receive new projects. Should the Director find that the remaining level of increased funds is insufficient to initiate a sufficient number of new projects, all of the increased funds shall be used to enhance the number of volunteers in current projects.

The Committee provides $33,000,000 for the Retired Senior Volunteer Program [RSVP]. This is $2,138,000 more than the fiscal year 1989 appropriation and the administration request. This program provides persons age 60 and over with the opportunity for volunteer service in their own community. Volunteers participate in youth counseling, literacy enhancement, crime prevention, the delivery of health care services, and other areas. As in the case of the Foster Grandparents Program and the Senior Companions Program, the Committee expects that not less than one-half of the funds provided above the fiscal year 1989 comparable level shall be used to enhance the number of volunteers in current programs. Given the relatively low cost associated with the initiation of new RSVP programs, the Committee expects the Director to initiate new programs with the remaining increased funds in all regions of the country.

Program support

The Committee provides $27,875,000 for program support. This is the same as the administration request. This increase should enable the ACTION agency to meet critical staffing needs necessary for program administration. The Committee expects the Director to continue to give the highest priority in allocating staffing resources to vacancies in the State and regional offices. The Committee further expects ACTION to devote travel expenditures to the greatest degree possible toward program site visits.

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 1991	$298,870,000
Budget estimate, 1992	242,060,000
House allowance	314,060,000
Committee recommendation	340,500,000

The Committee recommends an appropriation of $340,500,000 for the Corporation for Public Broadcasting. These funds are an advance appropriation for fiscal year 1992. The House provided

$314,060,000. The Corporation for Public Broadcasting is the primary vehicle for providing Federal financial assistance to the radio and television stations which currently compose the noncommercial broadcasting system.

Programming and system support

The Committee has provided $260,000,000 for the Corporation's programming and system support activities. This is $17,940,000 more than the fiscal year 1991 comparable appropriation and the House allowance, and the President's request.

Funds provided to the Corporation for programming and system support are distributed to the Nation's public television and radio stations in the form of community service grants. Funds are also used by the Corporation for the development of new programming for national distribution. Amounts allocated to each activity are determined by formula as stipulated in the Corporation's enacting statute.

Satellite interconnection fund

The Committee provides $80,500,000 for the public broadcasting satellite interconnection fund for the purpose of ensuring the continued provision of high quality interconnection services currently offered by public broadcasting stations. The amount provided is $8,500,000 more than the House allowance. The President did not request new appropriations for this activity for fiscal year 1992. Funds must be expended for costs associated with the replacement, refurbishment, upgrading, and maintenance of the public television and radio satellite interconnection system. None of the funds provided shall be available prior to fiscal year 1992 and such funds shall remain available until expended.

As was done in the preparation of the appropriations act for fiscal year 1989, the Committee has consulted with the Office of Technology Assessment [OTA] in the development of a spending plan to ensure that the space-based and ground-based components of the satellite interconnection system serving the Nation's public broadcasting system will remain operational through the end of the 20th century. Within the total amount provided for fiscal year 1992, $15,000,000 is appropriated for the replacement and/or refurbishment of the ground-based equipment for PBS and NPR. Together with funds provided under the appropriations act for fiscal year 1989, a total of $41,000,000 has been provided for this activity to cover 70 percent of the identified ground-based segment costs.

Also within the total provided, $64,500,000 is appropriated for the cost of the space-based components and the necessary management costs of NPR and PBS associated with this project. Together with funds provided under the appropriations act for fiscal year 1989, a total of $96,000,000 has been provided for these activities.

The Committee recognizes that some adjustments to the allocation between amounts appropriated for the ground segment and space segment may be prudent so that early negotiations for the space segment can result in significant discounts and a reduction in the overall cost of the project. Documentation has been supplied to the Committee indicating that significant savings may now be realized by early purchase of the proposed space segment by both

NPR and PBS. The Committee has no objection to PBS and NPR drawing on funds appropriated for the ground segment for costs associated with the refurbishment of the space segment. However, the Committee will require written notification of any such adjustments as well as written confirmation from both PBS and NPR that the refurbishment and upgrade of the entire ground segment will still be completed as planned and on schedule. The Committee understands the need for public radio and television to negotiate separately for their replacement systems but encourages the two services to cooperate in all ways that will allow them to replace their systems in the most cost-efficient manner.

Subject to the availability of additional resources, the Committee will consider a final allocation toward the public broadcasting satellite interconnection system in fiscal year 1993.

The Committee continues to direct the Corporation or its designee to provide the Committee with semiannual reports on expenditures and its negotiating status with vendors selected to provide the necessary space-based and ground-based hardware required for the system to be fully modernized and operational in fiscal year 1993. The Corporation was delinquent in responding to this directive in a timely manner in 1989.

FEDERAL MEDIATION AND CONCILIATION SERVICE

Appropriations, 1989	$25,813,000
Budget estimate, 1990	25,190,000
House allowance	26,380,000
Committee recommendation	27,190,000

The Committee recommends an appropriation of $27,190,000 for the Federal Mediation and Conciliation Service. This is $2,000,000 more than the administration request, $810,000 more than the House allowance, and $1,377,000 more than the fiscal year 1989 appropriation.

The Federal Mediation and Conciliation Service prevents and minimizes work stoppages by making available skilled professional mediators. Activities include education and training to support free collective bargaining, technical assistance to promote development of sound labor-management relationships and practices, and provision of a roster of qualified arbitrators to assist the parties to a collective bargaining agreement in the resolution of grievances. The Committee has provided $2,000,000 for the Labor-Management Cooperative Grant Program, an increase of $1,000,000 over fiscal year 1989. This funding will allow for continuation of meritorious grants.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 1989	$4,030,000
Budget estimate, 1990	4,005,000
House allowance	4,030,000
Committee recommendation	4,030,000

The Committee recommends an appropriation of $4,030,000 for the Federal Mine Safety and Health Review Commission, $25,000 more than the administration request and the same as the House allowance and the fiscal year 1989 appropriation.

The Commission adjudicates disputes between the Labor Department's Mine Safety and Health Administration and employers or employees to whom MSHA has issued a citation charging a violation.

The Committee expects that the Mine Safety Commission will conduct its activities in strict compliance with the Government in the Sunshine Act. The Commission will close its meetings and/or hearings to the public only when absolutely necessary and in accordance with the statutory exceptions stipulated in the Sunshine Act.

National Commission on Children

Appropriations, 1989	$790,000
Budget estimate, 1990	
House allowance	940,000
Committee recommendation	940,000

The Committee recommends an appropriation of $940,000 for the National Commission on Children. There was no administration request for this program.

The Commission was established by section 9136 of the Omnibus Reconciliation Act of 1987, Public Law 100-203. The 36-member Commission will study and make recommendations to Congress and to the President regarding five subjects: health of children, social and support services for children and their parents, education, income security, and tax policy.

The Commission will submit two reports: an interim report by September 30, 1989, and a final report by March 31, 1990.

National Commission on Libraries and Information Science

Appropriations, 1989	$741,000
Budget estimate, 1990	770,000
House allowance	750,000
Committee recommendation	770,000

The Committee recommends an appropriation of $770,000 for the National Commission on Libraries and Information Science [NCLIS], $29,000 more than the fiscal year 1989 comparable level.

This Commission has the responsibility for advising the President and Congress on the development and implementation of national policy in the library and information field, developing overall plans for meeting national library and information needs, and coordinating activities at the Federal, State, and local levels in meeting those needs.

National Commission to Prevent Infant Mortality

Appropriations, 1989	$494,000
Budget estimate, 1990	
House allowance	400,000
Committee recommendation	400,000

The Committee recommends an appropriation of $400,000 for the National Commission to Prevent Infant Mortality. This is the same as the House allowance and $94,000 less than the fiscal year 1989 appropriation of $494,000. There was no administration request for this Commission.

The National Commission to Prevent Infant Mortality was created by Public Law 99-660 to report to Congress and the President on the resources that affect infant mortality and to recommend national policy actions for preventing infant mortality.

The Commission continues to increase awareness and educate the public about the findings contained in its report and to develop strategies and mechanisms for Federal, State, and local governments and the private sector to implement its recommendations.

NATIONAL COUNCIL ON DISABILITY

Appropriations, 1989	$1,160,000
Budget estimate, 1990	1,157,000
House allowance	1,157,000
Committee recommendation	2,160,000

The Committee recommends $2,160,000 for the National Council on Disability. This is $1,003,000 more than the administration's budget request and the House allowance, and $1,000,000 more than the fiscal year 1989 appropriation of $1,160,000.

The National Council on Disability was created to establish general policies regarding Federal activities affecting handicapped individuals and to review rehabilitation services and handicapped research.

Fourteen years have passed since the enactment of Public Law 94-142, the Education of All Handicapped Children Act, and over 4,400,000 students with disabilities are now being educated through the Nation's public school system. Last year, with $197,000 appropriated by the Committee, the National Council undertook a preliminary study of the status of the education of students with disabilities. The study, "The Education of Students With Disabilities: Where Do We Stand?", reinforced the Council's 1986 and 1988 recommendations to Congress in their reports "Toward Independence" and "On the Threshold of Independence," that a National Commission on Excellence in Education of Students with Disabilities is needed.

The National Commission will be a continuation of the preliminary study "The Education of Students With Disabilities: Where Do We Stand?" The Commission will be chaired by the National Council on Disability's chairperson with members appointed by the Council including parents of students with disabilities, special educators, regular educators, teacher trainers, school administrators, students with disabilities, educational researchers, local school board representatives, employers, rehabilitation professionals, and providers of related services. The Commission will continue an assessment of the status of the education of students with disabilities and make recommendations regarding how the quality of education for students with disabilities could be enhanced and how student outcomes (such as a decreased dropout rate, an increased postsecondary education and training participation rate, an increased employment rate after school, and increased achievement levels) could be improved.

The Committee intends for the Commission to be a 2-year effort. The Committee has provided $1,000,000 for the first year of the Commission.

NATIONAL LABOR RELATIONS BOARD

Appropriations, 1989	$136,983,000
Budget estimate, 1990	140,111,000
House allowance	140,111,000
Committee recommendation	140,111,000

The Committee recommends an appropriation of $140,111,000 for the National Labor Relations Board. This is the same as the administration request, the same as the House allowance, and $3,128,000 more than the fiscal year 1989 appropriation of $136,983,000. The Board executes its responsibilities under the National Labor Relations Act by resolving representation disputes in industry and preventing unfair labor practices on the part of labor unions and/or employers.

The Committee expects that the Board will conduct its activities in strict compliance with the Government in the Sunshine Act. The Board will close its meetings and/or hearings to the public only when absolutely necessary and in accordance with the statutory exceptions stipulated in the Sunshine Act.

NATIONAL MEDIATION BOARD

Appropriations, 1989	$6,472,000
Budget estimate, 1990	6,384,000
House allowance	6,384,000
Committee recommendation	6,384,000

The Committee recommends an appropriation of $6,384,000 for the National Mediation Board. This is $88,000 below the fiscal year 1989 appropriation, and the same as the administration request and the House allowance. The National Mediation Board handles labor-management disputes, and questions of representation in the railroad and airline industries.

The Committee approves of the Board's continuing efforts to help and encourage the parties' implementation of the recommendations proposed by the Grievance Committee.

The bill includes $2,192,000 for adjustment of railroad grievances, a decrease of $148,000 below the 1989 level. It is anticipated by the Board that less funds will be needed in 1990 because of the results of the railroad labor-management committee's continuing efforts to improve the system. Increases are provided for costs associated with such things as personnel compensation and benefits, travel, communications, rental of office space, printing, equipment, court reporting services, and ADP time-sharing services.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 1989	$5,845,000
Budget estimate, 1990	5,970,000
House allowance	5,970,000
Committee recommendation	5,970,000

The Committee recommends an appropriation of $5,970,000 for the Occupational Safety and Health Review Commission. This is the same as the administration request and the House allowance and $125,000 more than the fiscal year 1989 appropriation.

The Review Commission is charged with ruling on cases forwarded to it by the Department of Labor when disagreements arise over the results of safety and health inspections performed by the Occupational Safety and Health Administration [OSHA]. Employers have the right to dispute any alleged job safety or health violation found during the inspection by OSHA, the penalties proposed by OSHA, and time given by OSHA to correct any hazardous situation. Employees and representatives of employees may initiate a case by challenging the propriety of the time OSHA has allowed for correction of any violative condition.

PHYSICIAN PAYMENT REVIEW COMMISSION

Appropriations, 1989	($2,897,000)
Budget estimate, 1990	(3,722,000)
House allowance	(3,847,000)
Committee recommendation	(3,722,000)

The Committee recommends the transfer of $3,722,000 from the Medicare trust funds to support operations of the Physician Payment Review Commission [PPRC]. This is the same as the independent commission's request to the Congress, $125,000 less than the House amount, and $825,000 over the fiscal year 1989 amount.

The Physician Payment Review Commission was established by the Consolidated Omnibus Reconciliation Act of 1985 (Public Law 99–272). The Commission makes recommendations to the Secretary of Health and Human Services and the Congress regarding Medicare payments for physician services.

The Committee is very pleased with the Commission's work in developing a resource-based relative value scale for reforming Medicare physician payments. The Committee believes that comprehensive reform of physician payments is necessary in order to alleviate the current maldistribution of physicians.

The Committee remains concerned about the ability of the geographic practice cost index to capture fully the costs of providing health care services in rural areas, and urges the PPRC to continue to monitor closely the impact of the cost of practice index on physician supply to rural areas. The Committee requests that PPRC include ongoing analysis of this in its annual reports to Congress.

If adopted, the Medicare payment reforms recommended by PPRC may have far-reaching effects on nurses and other health professionals who provide services to beneficiaries. The Committee is interested in the impact payment reform might have on nonphysician providers whose services are covered by Medicare, including nurse-midwives, certified registered nurse anesthetists, physician assistants, and others.

The Committee urges PPRC to study the impact of payment reform proposals—including assigning a value to practitioner services, calculating practice costs and eliminating specialty differentials on midlevel practitioners and develop recommendations for payment in the Medicare program and on how to improve patient access during implementation of major physician payment reforms.

PRESCRIPTION DRUG PAYMENT REVIEW COMMISSION

Appropriations, 1989	
Budget estimate, 1990	($2,086,000)
House allowance	(1,500,000)
Committee recommendation	(1,500,000)

The Committee has provided $1,500,000 for the Prescription Drug Payment Review Commission in fiscal year 1990, to be transferred from the catastrophic trust fund. This is $586,000 less than the budget request, and the same as the House amount. The Commission was established by the Medicare Catastrophic Coverage Act of 1988. The Commission will monitor the drug insurance trust fund and make recommendations to Congress regarding the prescription drug benefit under Medicare.

PROSPECTIVE PAYMENT ASSESSMENT COMMISSION

Appropriations, 1989	($3,495,000)
Budget estimate, 1990	(3,794,000)
House allowance	(3,919,000)
Committee recommendation	(3,794,000)

The Committee recommends the transfer of $3,794,000 from the Medicare trust funds for the operation of the Prospective Payment Assessment Commission [ProPAC]. This is the same as the independent commission's request to the Congress, $125,000 less than the House allowance, and $299,000 over the fiscal year 1989 amount.

ProPAC was established by the Social Security Amendments of 1983 (Public Law 98-21), which enacted the Medicare Prospective Payment System [PPS]. ProPAC advises the Secretary of Health and Human Services and the Congress, providing reports on the progress and impact of PPS, and recommendations on improving the system.

The Committee is concerned that the Commission has been more attuned in its reports to the problems of large urban hospitals, and has failed to address adequately the difficulties of rural hospitals or the totality of how PPS affects access to care. The Committee notes that urban areas are disproportionately represented among the Commissioners and staff of ProPAC, and urges the Commission and the Office of Technology Assessment to rectify this imbalance in rural representation on the Commission.

The Committee is deeply concerned that inequities in PPS payments to rural hospitals are devastating rural America's health care system. PPS was not intended to reduce access to quality health care services to Medicare beneficiaries. The Committee believes that ProPAC, as the advisory Commission on Medicare payments to hospitals, must advise Congress on policy changes that will allow rural communities to maintain a continuity of health care services.

The Committee is also concerned that, historically, ProPAC has avoided looking at the impact on hospital finances of payments for nonphysician health care providers such as nurse practitioners, psychologists, and optometrists. The Committee recommends that ProPAC begin reviewing their reimbursement also, and the extent to which these providers might provide alternatives to hospital care.

Railroad Retirement Board

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 1989	$350,897,000
Budget estimate, 1990	333,000,000
House allowance	340,000,000
Committee recommendation	340,000,000

The Committee has provided a total of $340,000,000 for the "Dual benefits payments" account. The Committee recommends an appropriation of $340,000,000, including $30,000,000 in income tax receipts on dual benefits, as authorized by law. This total provided is $7,000,000 more than the administration request, the same as the House allowance, and $10,897,000 less than the fiscal year 1989 appropriation.

This appropriation provides for vested dual benefit payments authorized by the Railroad Retirement Act of 1974, as amended by the Omnibus Reconciliation Act of 1981. This separate account established for the payment of dual benefits is funded by general fund appropriations and income tax receipts on vested dual benefits.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

Appropriations, 1989	$3,100,000
Budget estimate, 1990	
House allowance	
Committee recommendation	

The Committee does not recommend a fiscal year 1990 appropriation because projections indicate that the amount appropriated in fiscal year 1989 and available for 2 years will be sufficient through fiscal year 1990. An appropriation was not requested by the administration.

Section 417 of the Railroad Retirement Act of 1983 (Public Law 98-76) provides for monthly transfers from the Treasury of amounts represented by benefit checks drawn 6 months earlier and not presented for payment. Amounts for reimbursement of uncashed checks must be provided in advance, based on an estimate of required funds.

LIMITATION ON ADMINISTRATION

Appropriations, 1989	$59,626,000
Budget estimate, 1990	60,550,000
House allowance	63,900,000
Committee recommendation	67,451,000

The Committee recommends an appropriation of $67,451,000 for administration of railroad retirement/survivor benefit programs. This amount is to be derived from the railroad retirement trust funds. This is $6,901,000 more than the administration request, $7,825,000 more than the fiscal year 1989 limitation, and $3,551,00 more than the House allowance.

The Committee recommendation provides for a total staffing level of 1,625 full-time equivalents [FTE's]. This is an increase of 25 positions over last year's staffing level. The Committee has rejected the administration's proposal to reduce the staffing level by 40 FTE positions. The Committee recommends that the additional 25 FTE's be funded in part with a continuing reduction in the agency's overtime funds.

The Committee is increasing the Railroad Retirement Board's FTE ceiling for the express purpose of helping the agency implement recently enacted legislation and to proceed with the agency's new automation approach.

The Committee recommendation also provides $2,100,000 to fund triple density direct access computer storage devices and additional computer memory to enable the agency to implement the new automation approach.

LIMITATION ON RAILROAD UNEMPLOYMENT INSURANCE ADMINISTRATION FUND

Appropriations, 1989	$13,950,000
Budget estimate, 1990	13,450,000
House allowance	14,100,000
Committee recommendation	14,964,000

The Committee recommends a limitation of $14,964,000 for the limitation on administration of the railroad unemployment insurance fund. This is $1,514,000 more than the administration request, $864,000 more than the House allowance, and $1,014,000 more than the fiscal year 1989 appropriation.

The Committee recommendation provides for a staffing level of not less than 305 full-time equivalent positions for the Railroad Unemployment/Sickness Insurance Program. The Committee has rejected the administration's proposal to change the bill language to provide not more than the appropriated amount to administer the Railroad Unemployment Insurance Act. Bill language has been included which provides that sufficient funds be apportioned to support the administration of this program.

LIMITATION ON REVIEW ACTIVITY

Appropriations, 1989	$3,213,000
Budget estimate, 1990	4,000,000
House allowance	3,545,000
Committee recommendation	4,150,000

The Committee recommends $4,150,000 for the Office of the Inspector General. This is $150,000 more than the administration request, $605,000 more than the House allowance, and $937,000 more than the fiscal year 1989 appropriation.

The Office of the Inspector General conducts audits, investigations, and review activities. This amount is to be derived from the railroad retirement and railroad unemployment insurance trust funds. The Committee recommendation provides funds to support salary and benefits for 80 full-time equivalent [FTE] positions. The recommendation also provides funds for contracts and other services; equipment and supplies; and travel costs, which are primarily associated with establishing a nationwide investigation program.

The Committee has provided an increase of $150,000 over the budget request and five FTE's for the Office of Inspector General Railroad Retirement Board for investigation activities with regard to the Medicare contract and the Railroad Retirement Board Medicare Program. Despite the fact that over $623,000,000 in Medicare payments will be made in fiscal year 1989 alone to railroad retirees and the disabled, there has not been an audit of the Medicare Program since the initiation of the Medicare contract between the carrier and the Board in 1968. Payments to practitioners and claims processing are highly vulnerable to abuse. The $150,000 will carry forward the moneys provided to the inspector general in the fiscal year 1989 supplemental and allow for continued efforts to detect fraud and abuse in the Medicare Program.

SOLDIERS' AND AIRMEN'S HOME

OPERATION AND MAINTENANCE

Appropriations, 1989	$37,248,000
Budget estimate, 1990	37,573,000
House allowance	39,000,000
Committee recommendation	39,573,000

The Committee recommends authority to expend $39,573,000 from the Soldiers' and Airmen's Home permanent fund. This is $573,000 over the House amount, $2,000,000 more than the administration request, and $2,325,000 more than the fiscal year 1989 appropriation.

The U.S. Soldiers' and Airmen's Home is a retirement facility that provides residence, subsistence, medical, and other care to eligible Army and Air Force veterans. The facility is funded by annual appropriations made by Congress from a trust fund on deposit with the U.S. Treasury. The trust fund receives income from members' fees, interest, withheld pay, and nonjudicial fines imposed on active duty soldiers and airmen. The home is currently serving about 2,100 residents.

The Committee has recommended increased authority to expend funds in order to provide for increased expenses to the home associated with maintenance and health care.

CAPITAL OUTLAY

Appropriations, 1989	$14,820,000
Budget estimate, 1990	8,500,000
House allowance	8,500,000
Committee recommendation	10,250,000

The Committee recommends authority to expend $10,250,000 from the Soldiers' and Airmen's Home permanent fund. This amount is $1,750,000 more than the administration request and the House allowance and $4,570,000 less than the fiscal year 1989 appropriation.

The Committee is pleased to note progress in plans to construct a new intermediate care facility on the LaGarde site. The Committee expects that construction of this long-needed facility will proceed without delay in accordance with the mandate of Public Law 100-436, so that the veterans in residence at the U.S. Soldiers' and Airmen's Home may be provided with adequate nursing care at the earliest practicable time.

U.S. BIPARTISAN COMMISSION ON COMPREHENSIVE HEALTH CARE

Appropriations, 1989	$1,033,000
Budget estimate, 1990	
House allowance	467,000
Committee recommendation	467,000

The Committee recommends an appropriation of $467,000 for the U.S. Bipartisan Commission on Comprehensive Health Care. This is the same as the House amount and $566,000 less than was provided in fiscal year 1989 and the fully authorized appropriation. There was no administration request for funding this Commission in fiscal year 1990.

The U.S. Bipartisan Commission on Comprehensive Health Care was created by the Medicare Catastrophic Coverage Act of 1988. The Commission is required to submit recommendations to Congress on how to improve the health care and long-term care protection for all Americans. Under current law, the Commission is scheduled to issue its reports by October 1, 1989.

The untimely illness and death of the Commission's chairman, the Honorable Representative Claude Pepper, delayed the beginning operation of the Commission. The Commission has now begun operating under its new chairman, Senator John D. Rockefeller IV, and will be able to report its findings to Congress in 1990. The extension of operating time necessitates appropriation of the additional authorized funds.

The Committee is particularly interested in long-term and comprehensive health care for one-quarter of our Nation's population and one-third of the elderly population living in rural areas. The Committee looks forward to receiving the commission's reports.

National Commission on Acquired Immune Deficiency Syndrome

Appropriations, 1989	
Budget estimate, 1990	
House allowance	
Committee recommendation	$1,000,000

The Committee recommends an appropriation of $1,000,000 for the National Commission on Acquired Immune Deficiency Syndrome. There was no administration request for this new Commission and the House included funds under the Office of the Assistant Secretary for Health, Department of Health and Human Services.

The Commission was created by Public Law 100–607 to continue to monitor and make policy recommendations regarding our Nation's handling of the HIV epidemic. The Committee has benefited from the insights and recommendations of the President's Commission on the HIV Epidemic, and looks forward to the reports of the National Commission.

The Committee is increasingly concerned with financing options available to persons affected by HIV. The Committee requests the Commission to report assessments of emerging financing options as this information becomes available. Because of the considerable strain uncompensated care has placed on the public health system, the Committee urges the Commission to address both short- and long-term resolutions to this pressing issue.

U.S. Institute of Peace

Appropriations, 1989	$6,916,000
Budget estimate, 1990	6,916,000
House allowance	6,916,000
Committee recommendation	7,800,000

The Committee recommends an appropriation of $7,800,000 for the U.S. Institute of Peace. This is $884,000 more than the administration request, the House allowance and the fiscal year 1989 appropriation.

The Institute was established by the United States Institute of Peace Act (Public Law 98–525). The Institute is an independent, nonprofit, national organization that promotes scholarship and education in matters relating to peace and international conflict resolution. The Institute is governed by a 15-member Board of Directors and is located in Washington, DC.

White House Conference on Library and Information Services

Appropriations, 1989	$1,750,000
Budget estimate, 1990	
House allowance	
Committee recommendation	3,250,000

The Committee has provided $3,250,000 to complete the financing of the second White House Conference on Library and Information Services. Initial funding for this activity was provided in the Dire Emergency Supplemental Appropriations Act for fiscal year 1989. The purpose of the conference is to gather the Nation's leading librarians to discuss critical issues in the field of library science including innovations in technology, resource sharing, access for the handicapped, and financial management. Funds are distributed to State library authorities and matched at the State level to convene individual State conferences on these topics. Delegates from each State conference will attend a national conference held in Washington DC. Funds also go toward the support of a national office and staff. The conference activities are administered by the National Commission on Libraries and Information Science.

TITLE V—GENERAL PROVISIONS

BUDGETARY IMPACT OF BILL

PREPARED BY THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(a), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount of bill	Committee allocation	Amount of bill
Comparison of amounts in the bill with the Committee allocation to its subcommittees of amounts in the First Concurrent Resolution for 1990: Subcommittee on Labor, Health and Human Services, Education, and Related Agencies	155,458	[1] 155,366	159,716	[2] 158,819
Projections of outlays associated with budget authority recommended in the bill:				
1990				[3] 115,838
1991				24,457
1992				5,801
1993				793
1994 and future year				2
Financial assistance to State and local governments for 1990 in the bill		67,174		50,189
	Direct loans		Loan guarantees	
Credit authority estimates, fiscal year 1990	30			

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[1] Includes advance appropriations.
[2] Includes outlays from prior-year budget authority.
[3] Excludes outlays from prior-year budget authority.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports on general appropriations bills identify each Committee amendment to the House bill "which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session."

The following items are identified pursuant to this requirement:

$25,000,000 for the Targeted Jobs Tax Credit Program;

$138,364,000 for family planning;

$564,268,000 for the maternal and child health block grant, $3,268,000 more than the authorized ceiling;

$9,529,000 for adolescent family life;

$402,356,000 for refugee and entrant assistance;

$3,512,000 for community services, community partnerships;

$1,485,000,000 for Head Start, $80,000,000 more than the authorized ceiling;

$5,000,000 for child abuse challenge grants;

$50,000,000 for payments to States for foster care and adoption assistance; and

$181,092,000 for program support for ACTION.

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or joint resolution repealing or amending any statute or part of any statute include "(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken-through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee."

No items are identified pursuant to this requirement.

VOTES IN FULL COMMITTEE

DEFINITION OF PROGRAM, PROJECT, AND ACTIVITY

During fiscal year 1990 for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99-177), as amended, the following information provides the definition of the term "program, project, and activity" for departments and agencies under the jurisdiction of the Labor, Health and Human Services, and Education and Related Agencies Subcommittee. The term "program, project, and activity" shall include the most specific level of budget items identified in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act 1990, the accompanying House and Senate Committee reports, the conference report and accompanying joint explanatory statement of the managers of the committee of conference and the tables inserted in the Congressional Record on the days when the bill or conference report is considered in the House.

CONSULTANT COSTS

The Committee has included a new general provision setting a ceiling on consultant costs for the Departments of Labor, Health and Human Services, and Education.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or –): 1989 appropriation (6)	Budget estimate (7)	House allowance (8)
TITLE I -- DEPARTMENT OF LABOR							
EMPLOYMENT AND TRAINING ADMINISTRATION							
PROGRAM ADMINISTRATION							
Job training programs	17,439,000	18,540,000	18,540,000	18,540,000	+1,101,000	---	---
Employment security	3,495,000	442,000	442,000	442,000	-3,053,000	---	---
Trust funds	(14,722,000)	(15,289,000)	(15,289,000)	(15,289,000)	(+567,000)	---	---
Financial and administrative management	16,902,000	14,243,000	14,243,000	14,243,000	-2,659,000	---	---
Trust funds	(9,298,000)	(10,807,000)	(10,807,000)	(10,807,000)	(+1,509,000)	---	---
Executive direction and administration	3,456,000	3,683,000	3,683,000	3,683,000	+227,000	---	---
Trust funds	(2,777,000)	(3,014,000)	(3,014,000)	(3,014,000)	(+237,000)	---	---
Regional operations	16,047,000	12,268,000	12,268,000	12,268,000	-3,779,000	---	---
Trust funds	(21,523,000)	(24,707,000)	(24,707,000)	(24,707,000)	(+3,184,000)	---	---
Apprenticeship services	13,613,000	14,017,000	14,017,000	17,017,000	+3,404,000	+3,000,000	+3,000,000
Total, Program Administration	119,272,000	117,010,000	117,010,000	120,010,000	+738,000	+3,000,000	+3,000,000
Federal funds	70,952,000	63,193,000	63,193,000	66,193,000	-4,759,000	+3,000,000	+3,000,000
Trust funds	(48,320,000)	(53,817,000)	(53,817,000)	(53,817,000)	(+5,497,000)	---	---

TRAINING AND EMPLOYMENT SERVICES

Grants to States:							
Block grant	1,787,772,000	1,787,772,000	1,787,772,000	1,750,000,000	-37,772,000	-37,772,000	-37,772,000
Summer youth employment and training program	709,433,000	709,433,000	709,433,000	709,433,000	---	---	---
Dislocated worker assistance	283,773,000	400,000,000	450,000,000	500,000,000	+216,227,000	+100,000,000	+50,000,000
Federally administered programs:							
Native Americans	58,996,000	58,996,000	58,996,000	58,996,000	---	---	---
Migrants and seasonal farmworkers	68,540,000	57,209,000	68,540,000	71,282,000	+2,742,000	+14,073,000	+2,742,000
Job Corps:							
Operations	678,676,000	727,192,000	761,031,000	764,992,000	+86,316,000	+37,800,000	+3,961,000
Capital, construction and renovation	63,149,000	34,432,000	49,432,000	50,432,000	-12,717,000	+16,000,000	+1,000,000
Subtotal, Job Corps	741,825,000	761,624,000	810,463,000	815,424,000	+73,599,000	+53,800,000	+4,961,000
Veterans' employment	9,517,000	9,474,000	9,474,000	9,474,000	-43,000	---	---
National activities:							
Pilots and demonstrations	30,253,000	30,253,000	30,253,000	31,520,000	+1,267,000	+1,267,000	+1,267,000
Research, demonstration and evaluation	13,429,000	18,429,000	18,429,000	15,929,000	+2,500,000	-2,500,000	-2,500,000
Other	24,893,000	15,126,000	23,126,000	25,626,000	+733,000	+10,500,000	+2,500,000
Subtotal, National activities	68,575,000	63,808,000	71,808,000	73,075,000	+4,500,000	+9,267,000	+1,267,000
Subtotal, Federal activities	947,453,000	951,111,000	1,019,281,000	1,028,251,000	+80,798,000	+77,140,000	+8,970,000
Total, Job Training Partnership Act	3,728,431,000	3,848,316,000	3,966,486,000	3,987,684,000	+259,253,000	+139,368,000	+21,198,000
Job training for the homeless	9,386,000	13,000,000	10,000,000	13,000,000	+3,614,000	---	+3,000,000
Total, Training and Employment Services	3,737,817,000	3,861,316,000	3,976,486,000	4,000,684,000	+262,867,000	+139,368,000	+24,198,000

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

National contracts	268,183,000	262,080,000	276,120,000	288,600,000	+20,417,000	+26,520,000	+12,480,000
State grants	75,641,000	73,920,000	77,880,000	81,400,000	+5,759,000	+7,480,000	+3,520,000
Total	343,824,000	336,000,000	354,000,000	370,000,000	+26,176,000	+34,000,000	+16,000,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990–Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES							
Trade adjustment	270,518,000	284,000,000	284,000,000	284,000,000	+13,482,000	---	---
Other activities	2,000,000	---	---	---	-2,000,000	---	---
Total	272,518,000	284,000,000	284,000,000	284,000,000	+11,482,000	---	---
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS							
Unemployment Compensation (Trust Funds):							
State Operations /1	(1,240,812,000)	(1,274,935,000)	(1,274,935,000)	(1,274,935,000)	(+34,123,000)	---	---
State integrity activities	(251,532,000)	(250,997,000)	(250,997,000)	(250,997,000)	(-535,000)	---	---
National Activities	(10,029,000)	(6,000,000)	(6,000,000)	(6,000,000)	(-4,029,000)	---	---
Contingency	(152,625,000)	(193,468,000)	(193,468,000)	(193,468,000)	(+40,843,000)	---	---
Subtotal, Unemployment Compensation (trust funds)	(1,654,998,000)	(1,725,400,000)	(1,725,400,000)	(1,725,400,000)	(+70,402,000)	---	---
Employment Service:							
Allotments to States:							
Federal funds	21,472,000	20,800,000	20,800,000	20,800,000	-672,000	---	---
Trust funds	(742,280,000)	(671,300,000)	(768,900,000)	(768,900,000)	(+26,620,000)	(+97,600,000)	---
Subtotal	763,752,000	692,100,000	789,700,000	789,700,000	+25,948,000	+97,600,000	---

National Activities:							
Federal funds	1,087,000	1,200,000	1,200,000	1,200,000	+113,000	---	---
Trust funds 2/	(52,678,000)	(43,400,000)	(43,400,000)	(93,400,000)	(+40,722,000)	(+50,000,000)	(+50,000,000)
Subtotal, Employment Service	817,517,000	736,700,000	834,300,000	884,300,000	+66,783,000	+147,600,000	+50,000,000
Federal funds	22,559,000	22,000,000	22,000,000	22,000,000	-559,000	---	---
Trust funds	(794,958,000)	(714,700,000)	(812,300,000)	(862,300,000)	(+67,342,000)	(+147,600,000)	(+50,000,000)
Total, State Unempl. Ins. and Empl. Ser. Opers.	2,472,515,000	2,462,100,000	2,559,700,000	2,609,700,000	+137,185,000	+147,600,000	+50,000,000
Federal Funds	22,559,000	22,000,000	22,000,000	22,000,000	-559,000	---	---
Trust Funds	(2,449,956,000)	(2,440,100,000)	(2,537,700,000)	(2,587,700,000)	(+137,744,000)	(+147,600,000)	(+50,000,000)
ADVANCES TO UNEMPLOYMENT TRUST FUND AND OTHER FUNDS	124,000,000	33,000,000	33,000,000	33,000,000	-91,000,000	---	---
Total, Employment & Training Administration	7,069,946,000	7,093,426,000	7,324,196,000	7,417,394,000	+347,448,000	+323,968,000	+93,198,000
Federal funds	4,571,670,000	4,599,509,000	4,732,679,000	4,775,877,000	+204,207,000	+176,368,000	+43,198,000
Trust funds	(2,498,276,000)	(2,493,917,000)	(2,591,517,000)	(2,641,517,000)	(+143,241,000)	(+147,600,000)	(+50,000,000)

LABOR - MANAGEMENT SERVICES

SALARIES AND EXPENSES

Labor-management relations service	5,730,000	5,883,000	5,883,000	5,883,000	+153,000	---	---
Labor-management standards enforcement	25,071,000	25,493,000	25,493,000	25,493,000	+422,000	---	---
Pension and welfare benefit programs	41,478,000	43,831,000	43,831,000	43,831,000	+2,353,000	---	---
Total, LMSA	72,279,000	75,207,000	75,207,000	75,207,000	+2,928,000	---	---

1/ Includes $19,148,000 for automation activities, which Senate makes available for obligation April 1, 1990.

2/ Senate allowance includes $25,000,000 for automation activities available for obligation October 1, 1990.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recom-mendation (5)	Senate committee recommendation compared with (+ or −) 1989 appropriation (6)	Senate committee recommendation compared with (+ or −) Budget estimate (7)	Senate committee recommendation compared with (+ or −) House allowance (8)
PENSION BENEFIT GUARANTY CORPORATION							
Program Administration subject to limitation (Trust Funds)	(40,737,000)	(42,301,000)	(42,301,000)	(42,301,000)	(+1,564,000)	---	---
Other contractual services not subject to limitation (Trust Funds)	(29,097,000)	(28,053,000)	(28,053,000)	(28,053,000)	(-1,044,000)	---	---
Total, PBGC (trust funds)	(69,834,000)	(70,354,000)	(70,354,000)	(70,354,000)	(+520,000)	---	---
EMPLOYMENT STANDARDS ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement of wage and hour standards	89,229,000	91,729,000	91,729,000	91,729,000	+2,500,000	---	---
Federal contractor EEO standards enforcement	52,030,000	53,434,000	53,434,000	53,434,000	+1,404,000	---	---
Federal programs for workers' compensation	57,358,000	59,291,000	59,291,000	59,291,000	+1,933,000	---	---
Trust funds	(520,000)	(1,019,000)	(1,019,000)	(1,019,000)	(+499,000)	---	---
Executive direction and support services	13,944,000	13,868,000	13,868,000	13,868,000	-76,000	---	---
Total, salaries and expenses	213,081,000	219,341,000	219,341,000	219,341,000	+6,260,000	---	---
Federal funds	212,561,000	218,322,000	218,322,000	218,322,000	+5,761,000	---	---
Trust funds	(520,000)	(1,019,000)	(1,019,000)	(1,019,000)	(+499,000)	---	---

SPECIAL BENEFITS

Federal employees compensation act benefits..........	251,000,000	251,000,000	251,000,000	251,000,000	---	---	---
Longshore and harbor workers' benefits................	4,000,000	4,000,000	4,000,000	4,000,000	---	---	---
Total, Special Benefits.........................	255,000,000	255,000,000	255,000,000	255,000,000	---	---	---

BLACK LUNG DISABILITY TRUST FUND

Benefit payments and interest on advances............	633,435,000	590,486,000	590,486,000	590,486,000	-42,949,000	---	---
Employment Standards Admin., salaries & expenses 1/...	29,847,000	28,640,000	28,640,000	28,640,000	-1,207,000	---	---
Departmental Management, salaries and expenses 1/.....	24,833,000	20,691,000	20,691,000	21,350,000	-3,483,000	+659,000	+659,000
Departmental Management, inspector general 1/.........	509,000	509,000	509,000	509,000	---	---	---
Subtotal, Black Lung Disablty. Trust Fund, apprn	688,624,000	640,326,000	640,326,000	640,985,000	-47,639,000	+659,000	+659,000
Treasury administrative costs (indefinite)............	756,000	756,000	756,000	756,000	---	---	---
Total, Black Lung Disability Trust Fund.........	689,380,000	641,082,000	641,082,000	641,741,000	-47,639,000	+659,000	+659,000
Total, Employment Standards Administration......	1,157,461,000	1,115,423,000	1,115,423,000	1,116,082,000	-41,379,000	+659,000	+659,000
Federal funds.................................	1,156,941,000	1,114,404,000	1,114,404,000	1,115,063,000	-41,878,000	+659,000	+659,000
Trust funds...................................	(520,000)	(1,019,000)	(1,019,000)	(1,019,000)	(+499,000)	---	---

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Safety and health standards..........................	6,670,000	6,957,000	6,957,000	6,957,000	+287,000	---	---
Enforcement:							
Federal Enforcement.............................	116,794,000	119,426,000	119,426,000	119,426,000	+2,632,000	---	---
State programs..................................	45,684,000	58,133,000	60,633,000	60,633,000	+14,949,000	+2,500,000	---
Technical Support....................................	17,276,000	17,339,000	17,339,000	17,339,000	+63,000	---	---

1/ FY89 amount reflects exec branch reinterpretation of sec. 517 1.2% reduction.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990–Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Compliance Assistance	35,645,000	36,808,000	36,808,000	37,808,000	+2,163,000	+1,000,000	+1,000,000
Safety and health statistics	19,998,000	22,992,000	22,992,000	22,992,000	+2,994,000	---	---
Executive direction and administration	5,920,000	6,093,000	6,093,000	6,093,000	+173,000	---	---
Total, OSHA	247,987,000	267,748,000	270,248,000	271,248,000	+23,261,000	+3,500,000	+1,000,000
MINE SAFETY AND HEALTH ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement:							
Coal	82,156,000	84,899,000	84,899,000	84,899,000	+2,743,000	---	---
Metal/nonmetal	32,108,000	33,256,000	33,256,000	33,256,000	+1,148,000	---	---
Standards development	1,897,000	1,571,000	1,571,000	1,571,000	-326,000	---	---
Assessments	2,138,000	2,235,000	2,235,000	2,235,000	+97,000	---	---
Educational policy and development	11,925,000	12,121,000	13,121,000	13,675,000	+1,750,000	+1,554,000	+554,000
Technical support	20,583,000	21,000,000	21,000,000	21,000,000	+417,000	---	---
Program administration	12,086,000	13,957,000	13,957,000	13,957,000	+1,871,000	---	---
Total, Mine Safety and Health Administration	162,893,000	169,039,000	170,039,000	170,593,000	+7,700,000	+1,554,000	+554,000
BUREAU OF LABOR STATISTICS							
SALARIES AND EXPENSES							

Employment and Unemployment Statistics................	63,455,000	66,354,000	66,954,000	66,354,000	+2,899,000	---	-600,000
Labor Market Information (Trust Funds)................	(45,767,000)	(49,118,000)	(49,518,000)	(49,118,000)	(+3,351,000)	---	(-400,000)
Prices and cost of living...........................	71,302,000	73,075,000	73,075,000	73,075,000	+1,773,000	---	---
Wages and industrial relations......................	21,778,000	22,166,000	22,166,000	22,166,000	+388,000	---	---
Productivity and technology.........................	5,433,000	5,539,000	5,539,000	5,539,000	+106,000	---	---
Economic growth and employment projections...........	3,336,000	3,400,000	3,400,000	3,400,000	+64,000	---	---
Executive direction and staff services...............	22,269,000	22,637,000	22,637,000	22,637,000	+368,000	---	---
Total, Bureau of Labor Statistics..............	233,340,000	242,289,000	243,289,000	242,289,000	+8,949,000	---	-1,000,000
Federal Funds..............................	187,573,000	193,171,000	193,771,000	193,171,000	+5,598,000	---	-600,000
Trust Funds................................	(45,767,000)	(49,118,000)	(49,518,000)	(49,118,000)	(+3,351,000)	---	(-400,000)
DEPARTMENTAL MANAGEMENT							
SALARIES AND EXPENSES							
Executive direction 1/.............................	19,135,000	17,124,000	17,124,000	17,124,000	-2,011,000	---	---
Legal services.....................................	45,407,000	44,997,000	44,997,000	44,997,000	-410,000	---	---
Trust funds....................................	(282,000)	(285,000)	(285,000)	(285,000)	(+3,000)	---	---
International labor affairs.........................	6,242,000	6,361,000	6,361,000	6,361,000	+119,000	---	---
Administration and management.......................	22,685,000	19,955,000	19,955,000	19,955,000	-2,730,000	---	---
Adjudication..	11,384,000	12,836,000	12,836,000	12,836,000	+1,452,000	---	---
Promoting employment of the disabled................	2,438,000	2,540,000	2,540,000	2,880,000	+442,000	+340,000	+340,000
Women's Bureau......................................	6,504,000	6,103,000	6,803,000	6,803,000	+299,000	+700,000	---
Civil Rights Activities.............................	3,687,000	4,116,000	4,116,000	4,116,000	+429,000	---	---
Total, Salaries and expenses....................	117,764,000	114,317,000	115,017,000	115,357,000	-2,407,000	+1,040,000	+340,000
Federal funds..............................	117,482,000	114,032,000	114,732,000	115,072,000	-2,410,000	+1,040,000	+340,000
Trust funds................................	(282,000)	(285,000)	(285,000)	(285,000)	(+3,000)	---	---

1/ FY89 comparable includes substance abuse initiative

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
VETERANS EMPLOYMENT AND TRAINING							
State Administration:							
Disabled Veterans Outreach Program................	(72,962,000)	(75,167,000)	(75,167,000)	(75,167,000)	(+2,205,000)	---	---
Local Veterans Employment Program................	(66,998,000)	(69,250,000)	(69,250,000)	(69,250,000)	(+2,252,000)	---	---
Subtotal, State Administration..................	(139,960,000)	(144,417,000)	(144,417,000)	(144,417,000)	(+4,457,000)	---	---
Federal Administration..............................	(14,991,000)	(15,606,000)	(15,606,000)	(15,606,000)	(+615,000)	---	---
National Veterans Training Institute..................	(2,569,000)	(2,600,000)	(2,600,000)	(2,600,000)	(+31,000)	---	---
Total, Trust Funds..............................	(157,520,000)	(162,623,000)	(162,623,000)	(162,623,000)	(+5,103,000)	---	---
OFFICE OF THE INSPECTOR GENERAL							
Audit:							
Federal funds....................................	20,175,000	20,691,000	20,691,000	20,691,000	+516,000	---	---
Trust funds......................................	(4,472,000)	(4,127,000)	(4,127,000)	(4,127,000)	(-345,000)	---	---
Investigation:							
Federal funds....................................	5,966,000	6,503,000	6,503,000	6,503,000	+537,000	---	---
Trust funds......................................	(1,161,000)	(1,067,000)	(1,067,000)	(1,067,000)	(-94,000)	---	---
Office of Labor Racketeering..........................	8,788,000	9,901,000	9,901,000	9,901,000	+1,113,000	---	---
Executive Direction and Administration................	4,689,000	4,902,000	4,902,000	4,902,000	+213,000	---	---
Total, Office of the Inspector General..........	45,251,000	47,191,000	47,191,000	47,191,000	+1,940,000	---	---

Federal funds..................................	39,618,000	41,997,000	41,997,000	41,997,000	+2,379,000	---	---
Trust funds..................................	(5,633,000)	(5,194,000)	(5,194,000)	(5,194,000)	(-439,000)	---	---
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Total, Departmental Management..................	320,535,000	324,131,000	324,831,000	325,171,000	+4,636,000	+1,040,000	+340,000
Federal funds..................................	157,100,000	156,029,000	156,729,000	157,069,000	-31,000	+1,040,000	+340,000
Trust funds..................................	(163,435,000)	(168,102,000)	(168,102,000)	(168,102,000)	(+4,667,000)	---	---
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Total, Labor Department..........................	9,334,275,000	9,357,617,000	9,593,587,000	9,688,338,000	+354,063,000	+330,721,000	+94,751,000
Federal funds..................................	6,556,443,000	6,575,107,000	6,713,077,000	6,758,228,000	+201,785,000	+183,121,000	+45,151,000
Trust funds..................................	(2,777,832,000)	(2,782,510,000)	(2,880,510,000)	(2,930,110,000)	(+152,278,000)	(+147,600,000)	(+49,600,000)

TITLE II--DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Health Care Delivery and Assistance:							
Community health centers..........................	435,362,000	444,812,000	444,812,000	465,000,000	+29,638,000	+20,188,000	+20,188,000
Migrant health..................................	45,646,000	47,646,000	49,500,000	50,500,000	+4,854,000	+2,854,000	+1,000,000
Black lung clinics..............................	3,216,000	3,216,000	3,350,000	3,700,000	+484,000	+484,000	+350,000
Health care for the homeless.....................	14,820,000	63,600,000	46,000,000	22,230,000	+7,410,000	-41,370,000	-23,770,000
Family planning /1 (unauthorized, House deferred).	(138,320,000)	(138,364,000)	DEFER	(142,364,000)	(+4,044,000)	(+4,000,000)	(+142,364,000)
National Health Service Corps:							
Field placements..............................	39,866,000	20,000,000	40,000,000	45,000,000	+5,134,000	+25,000,000	+5,000,000
(Limitation on direct loans)..................	(500,000)	(50,000)	(50,000)	(50,000)	(-450,000)	---	---

1/ President's FY 1990 budget requests Family Planning under 'Public Health Service Management' account.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Recruitment, loan repayments including nurses.	7,906,000	7,906,000	4,000,000	8,000,000	+94,000	+94,000	+4,000,000
Scholarships..............................	---	---	4,000,000	2,000,000	+2,000,000	+2,000,000	-2,000,000
Subtotal, Natl Health Service Corps.........	47,772,000	27,906,000	48,000,000	55,000,000	+7,228,000	+27,094,000	+7,000,000
Hansen's Disease services (Carville)..............	18,276,000	18,493,000	18,493,000	18,493,000	+217,000	---	---
Pediatric emergency care..........................	2,964,000	---	---	4,000,000	+1,036,000	+4,000,000	+4,000,000
Payment to Hawaii, treatment of Hansen's Disease..	3,260,000	2,760,000	3,260,000	3,260,000	---	+500,000	---
Rural health research..............................	1,482,000	3,100,000	3,350,000	3,500,000	+2,018,000	+400,000	+150,000
Home health demonstration grants.................	2,470,000	---	---	3,500,000	+1,030,000	+3,500,000	+3,500,000
Total, Health Care Delivery & Assistance.........	575,268,000	611,533,000	616,765,000	629,183,000	+53,915,000	+17,650,000	+12,418,000
(Unauthorized, not considered by House).......	(138,320,000)	(138,364,000)	DEFER	(142,364,000)	(+4,044,000)	(+4,000,000)	(+142,364,000)
Total, authorized and unauthorized.............	(713,588,000)	(749,897,000)	(616,765,000)	(771,547,000)	(+57,959,000)	(+21,650,000)	(+154,782,000)
Health Professions: 1/							
Exceptional need scholarships.....................	6,578,000	6,578,000	6,900,000	6,709,000	+131,000	+131,000	-191,000
Excellence in minority health education grants	9,396,000	9,396,000	9,396,000	9,396,000	---	---	---
Public health/health administration:							
Public Health capitation......................	4,698,000	---	3,000,000	3,000,000	-1,698,000	+3,000,000	---
Public Health special projects................	---	---	1,700,000	---	---	---	-1,700,000

Health Administration grants..................	1,410,000	---	1,410,000	1,610,000	+200,000	+1,610,000	+200,000
Public Health traineeships....................	2,819,000	---	2,819,000	3,260,000	+441,000	+3,260,000	+441,000
Health Administration traineeships............	470,000	---	470,000	700,000	+230,000	+700,000	+230,000
Preventive medicine residencies...............	1,503,000	---	1,550,000	1,900,000	+397,000	+1,900,000	+350,000
Family Medicine..................................	32,142,000	---	33,500,000	33,200,000	+1,058,000	+33,200,000	-300,000
General dentistry residencies.....................	2,606,000	---	4,000,000	4,000,000	+1,394,000	+4,000,000	---
General Internal Medicine and Pediatrics..........	17,383,000	---	18,100,000	17,900,000	+517,000	+17,900,000	-200,000
Family medicine departments.......................	6,578,000	---	6,900,000	6,700,000	+122,000	+6,700,000	-200,000
Physician assistants..............................	4,511,000	---	4,650,000	5,100,000	+589,000	+5,100,000	+450,000
Area health education centers.....................	16,912,000	---	17,900,000	19,000,000	+2,088,000	+19,000,000	+1,100,000
Border health education centers...................	---	---	4,000,000	3,000,000	+3,000,000	+3,000,000	-1,000,000
Health professions data analysis..................	2,679,000	---	1,879,000	1,879,000	-800,000	+1,879,000	---
Disadvantaged Assistance..........................	26,897,000	26,897,000	28,000,000	26,897,000	---	---	-1,103,000
Allied health grants and contracts................	---	---	---	2,000,000	+2,000,000	+2,000,000	+2,000,000
Interdisciplinary traineeships....................	---	---	---	5,000,000	+5,000,000	+5,000,000	+5,000,000
Special Projects: (sections 788 and 301)							
Health professions spec ed initiatives........	2,349,000	---	2,500,000	2,849,000	+500,000	+2,849,000	+349,000
Geriatric training and research...............	13,772,000	---	14,300,000	14,300,000	+528,000	+14,300,000	---
Pacific Basin activities (including Medical Officer training)..........................	1,482,000	---	---	3,000,000	+1,518,000	+3,000,000	+3,000,000
Native Hawaiian health care...................	---	---	---	1,700,000	+1,700,000	+1,700,000	+1,700,000
Subtotal, special education initiatives.....	17,603,000	---	16,800,000	21,849,000	+4,246,000	+21,849,000	+5,049,000
Special grants to hospitals 1/....................	1,360,000	---	---	---	-1,360,000	---	---
Nurse training:							
Advanced nurse training.......................	17,175,000	---	13,000,000	13,000,000	-4,175,000	+13,000,000	---
Nurse practitioner............................	11,777,000	---	12,200,000	13,674,000	+1,897,000	+13,674,000	+1,474,000
Special projects (includes subpart 2).........	11,972,000	---	12,400,000	13,768,000	+1,796,000	+13,768,000	+1,368,000
Traineeships..................................	12,759,000	---	13,200,000	14,288,000	+1,529,000	+14,288,000	+1,088,000
Nurse Anesthetists............................	784,000	---	800,000	1,500,000	+716,000	+1,500,000	+700,000
Faculty fellowships...........................	1,080,000	---	---	250,000	-830,000	+250,000	+250,000
Undergraduate scholarships....................	---	---	4,000,000	---	---	---	-4,000,000
Undergraduate scholarships (non-add) 1/...	---	---	---	(3,000,000)	(+3,000,000)	(+3,000,000)	(+3,000,000)

1/ Reflects shift of funds for hospital grants as required by the Omnibus Health Act.

1/ Transfer from student loan funds, mandated by P.L. 100-607.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Loan Repayment for Shortage Area Service	---	---	---	1,750,000	+1,750,000	+1,750,000	+1,750,000
Subtotal, Nurse training	55,547,000	---	55,600,000	58,230,000	+2,683,000	+58,230,000	+2,630,000
Less transfers from loan revolving funds	-9,880,000	---	-10,000,000	-10,000,000	-120,000	-10,000,000	---
Total, Health professions	201,212,000	42,871,000	208,574,000	221,330,000	+20,118,000	+178,459,000	+12,756,000
MCH and Resources Development:							
Maternal & child health block grant	554,268,000	554,268,000	557,000,000	564,268,000	+10,000,000	+10,000,000	+7,268,000
Organ transplantation	4,940,000	1,600,000	3,000,000	4,940,000	---	+3,340,000	+1,940,000
Health teaching facilities interest subsidies	494,000	494,000	494,000	494,000	---	---	---
Total, Resources Development	559,702,000	556,362,000	560,494,000	569,702,000	+10,000,000	+13,340,000	+9,208,000
Buildings and facilities	889,000	---	889,000	889,000	---	+889,000	---
National practitioner data bank	2,766,000	---	2,000,000	2,000,000	-766,000	+2,000,000	---
Program management including AIDS, HRSA	92,738,000	88,193,000	99,750,000	101,462,000	+8,724,000	+13,269,000	+1,712,000
Acquired Immune Deficiency Syndrome (AIDS) 1/:							
Training of health personnel	14,640,000	14,820,000	14,820,000	14,820,000	+180,000	---	---
Facilities renovation grants	3,903,000	3,952,000	4,300,000	4,500,000	+597,000	+548,000	+200,000
Pediatric health care demonstrations	7,806,000	7,904,000	15,000,000	15,000,000	+7,194,000	+7,096,000	---

Adult health care demonstrations..................	14,692,000	14,875,000	20,000,000	14,875,000	+183,000	---	-5,125,000
Adult health care planning grants.................	3,904,000	3,952,000	3,952,000	3,952,000	+48,000	---	---
AIDS - related drugs..............................	15,000,000	---	---	30,000,000	+15,000,000	+30,000,000	+30,000,000
Community health care services....................	---	10,921,000	10,921,000	20,877,000	+20,877,000	+9,956,000	+9,956,000
Home health services..............................	---	---	---	50,000,000	+50,000,000	+50,000,000	+50,000,000
Subacute care.....................................	---	---	---	5,000,000	+5,000,000	+5,000,000	+5,000,000
Transfer for consolidated administration..........	-2,774,000	-3,740,000	-4,000,000	-5,700,000	-2,926,000	-1,960,000	-1,700,000
Subtotal, AIDS....................................	57,171,000	52,684,000	64,993,000	153,324,000	+96,153,000	+100,640,000	+88,331,000
Total, Health resources and services..............	1,489,746,000	1,351,643,000	1,553,465,000	1,677,890,000	+188,144,000	+326,247,000	+124,425,000
(Unauthorized, not considered by House).......	(138,320,000)	(138,364,000)	DEFER	(142,364,000)	(+4,044,000)	(+4,000,000)	(+142,364,000)
Total, authorized and unauthorized.............	(1,628,066,000)	(1,490,007,000)	(1,553,465,000)	(1,820,254,000)	(+192,188,000)	(+330,247,000)	(+266,789,000)
MEDICAL FACILITIES GUARANTEE AND LOAN FUND:							
Interest subsidy program..........................	21,600,000	21,000,000	21,000,000	21,000,000	-600,000	---	---
Loan asset sales..................................	---	4,364,000	---	---	---	-4,364,000	---
Subtotal, MFGLF...................................	21,600,000	25,364,000	21,000,000	21,000,000	-600,000	-4,364,000	---
HEALTH PROFESSIONS GRADUATE STUDENT LOAN FUND (HEAL):							
General funds 2/..................................	---	21,570,000	25,000,000	25,000,000	+25,000,000	+3,430,000	---
Offsetting collections from Federal funds.........	---	-15,000,000	---	---	---	+15,000,000	---
Total, HPGSLF.....................................	---	6,570,000	25,000,000	25,000,000	+25,000,000	+18,430,000	---

1/ President's budget requests AIDS funding for FY 1990 under consolidated account. Includes FY89 reprogramming of $15,000,000 for AZT grants.

2/ President's budget proposes legislation that would generate $6,600,000 in FY90 savings.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
VACCINE INJURY COMPENSATION:							
Pre - FY89 claims (appropriation)	---	---	74,500,000	74,500,000	+74,500,000	+74,500,000	---
FY89 / FY90 claims (trust fund)	101,500,000	133,100,000	54,600,000	54,600,000	-46,900,000	-78,500,000	---
Subtotal	101,500,000	133,100,000	129,100,000	129,100,000	+27,600,000	-4,000,000	---
Total, Health Resources & Services Admin 3/	1,612,846,000	1,516,677,000	1,728,565,000	1,852,990,000	+240,144,000	+336,313,000	+124,425,000
(Unauthorized, not considered by House)	(138,320,000)	(138,364,000)	DEFER	(142,364,000)	(+4,044,000)	(+4,000,000)	(+142,364,000)
Total, authorized and unauthorized	(1,751,166,000)	(1,655,041,000)	(1,728,565,000)	(1,995,354,000)	(+244,188,000)	(+340,313,000)	(+266,789,000)
CENTERS FOR DISEASE CONTROL							
DISEASE CONTROL							
Preventive Health Services Block Grant	84,704,000	113,055,000	89,716,000	84,704,000	---	-28,351,000	-5,012,000
Prevention centers	1,976,000	---	2,000,000	5,000,000	+3,024,000	+5,000,000	+3,000,000
Lead poisoning prevention	---	---	2,000,000	5,000,000	+5,000,000	+5,000,000	+3,000,000
Sexually transmitted diseases:							
Grants	68,172,000	68,172,000	75,000,000	68,172,000	---	---	-6,828,000
Direct operations	10,528,000	10,800,000	10,800,000	10,800,000	+272,000	---	---
Subtotal, Sexually transmitted diseases	78,700,000	78,972,000	85,800,000	78,972,000	+272,000	---	-6,828,000

Immunization:							
Grants	126,797,000	126,797,000	126,797,000	138,188,000	+11,391,000	+11,391,000	+11,391,000
Direct operations	8,152,000	8,361,000	8,361,000	21,361,000	+13,209,000	+13,000,000	+13,000,000
Vaccine stockpile	3,952,000	---	---	4,000,000	+48,000	+4,000,000	+4,000,000
National vaccine program coordination	3,063,000	3,063,000	2,569,000	2,569,000	-494,000	-494,000	---
Subtotal, Immunization programs	141,964,000	138,221,000	137,727,000	166,118,000	+24,154,000	+27,897,000	+28,391,000
Infectious disease excluding AIDS/TB	41,455,000	37,866,000	39,866,000	40,866,000	-589,000	+3,000,000	+1,000,000
Tuberculosis grants	6,622,000	---	10,000,000	6,886,000	+264,000	+6,886,000	-3,114,000
Chronic & environmental disease prevention	44,681,000	40,564,000	46,025,000	52,451,000	+7,770,000	+11,887,000	+6,426,000
Injury control	21,000,000	11,120,000	21,000,000	25,000,000	+4,000,000	+13,880,000	+4,000,000
Occupational Safety and Health (NIOSH):							
Research	60,260,000	60,260,000	63,300,000	77,100,000	+16,840,000	+16,840,000	+13,800,000
Training	10,095,000	10,095,000	10,600,000	10,595,000	+500,000	+500,000	-5,000
Subtotal, NIOSH	70,355,000	70,355,000	73,900,000	87,695,000	+17,340,000	+17,340,000	+13,795,000
National Center for Health Statistics:							
Program operations	45,186,000	44,533,000	44,533,000	44,533,000	-653,000	---	---
Program support	3,165,000	3,254,000	3,254,000	3,254,000	+89,000	---	---
Subtotal, health statistics	48,351,000	47,787,000	47,787,000	47,787,000	-564,000	---	---
Epidemic services	54,787,000	56,217,000	56,217,000	56,217,000	+1,430,000	---	---
Buildings and facilities	1,976,000	2,000,000	2,000,000	2,000,000	+24,000	---	---
Program management	3,058,000	3,170,000	3,170,000	3,170,000	+112,000	---	---
Acquired Immune Deficiency Syndrome (AIDS) 1/	377,592,000	474,022,000	462,972,000	452,472,000	+74,880,000	-21,550,000	-10,500,000
Total, Disease Control	977,221,000	1,073,349,000	1,080,180,000	1,114,338,000	+137,117,000	+40,989,000	+34,158,000

1/ President's budget requests AIDS funding for FY 1990 under consolidated account. Includes FY89 reprogramming of $15,000,000 for AZT grants.

2/ President's budget proposes legislation that would generate $6,600,000 in FY90 savings.

3/ Excludes impact of federal credit reform proposal.

1/ President's budget requests AIDS funding for FY 1990 under consolidated account.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
NATIONAL INSTITUTES OF HEALTH (INCLUDES AIDS)							
National Cancer Institute	1,570,943,000	1,646,073,000	1,652,666,000	1,668,473,000	+97,530,000	+22,400,000	+15,807,000
National Heart, Lung, and Blood Institute	1,045,732,000	1,082,497,000	1,090,930,000	1,091,597,000	+45,865,000	+9,100,000	+667,000
National Institute of Dental Research	130,834,000	135,796,000	138,053,000	137,096,000	+6,262,000	+1,300,000	-957,000
National Institute of Diabetes, Digestive, and Kidney Diseases	559,648,000	582,629,000	590,276,000	593,497,000	+33,849,000	+10,868,000	+3,221,000
National Institute of Neurological Disorders and Stroke	472,346,000	493,502,000	495,203,000	498,988,000	+26,642,000	+5,486,000	+3,785,000
National Institute of Allergy and Infectious Diseases	742,277,000	842,712,000	845,523,000	847,112,000	+104,835,000	+4,400,000	+1,589,000
National Institute of General Medical Sciences	682,233,000	782,249,000	754,639,000	752,939,000	+70,706,000	-29,310,000	-1,700,000
National Institute of Child Health and Human Development	425,532,000	444,193,000	448,493,000	450,593,000	+25,061,000	+6,400,000	+2,100,000
National Eye Institute	231,292,000	239,474,000	240,636,000	241,774,000	+10,482,000	+2,300,000	+1,138,000
National Institute of Environmental Health Sciences	223,695,000	230,848,000	232,479,000	234,048,000	+10,353,000	+3,200,000	+1,569,000
National Institute on Aging	222,845,000	230,490,000	241,528,000	245,490,000	+22,645,000	+15,000,000	+3,962,000
National Institute of Arthritis and Musculoskeletal and Skin Diseases	160,015,000	168,588,000	171,673,000	171,688,000	+11,673,000	+3,100,000	+15,000
National Institute on Deafness and Other Communication Disorders	94,833,000	99,902,000	99,952,000	121,116,000	+26,283,000	+21,214,000	+21,164,000
Research Resources	358,332,000	307,956,000	356,128,000	362,253,000	+3,921,000	+54,297,000	+6,125,000
National Center for Nursing Research	29,132,000	30,969,000	32,969,000	34,969,000	+5,837,000	+4,000,000	+2,000,000
John E. Fogarty International Center	14,002,000	15,532,000	15,579,000	15,532,000	+1,530,000	---	-47,000

National Library of Medicine	74,413,000	78,729,000	83,311,000	80,729,000	+6,316,000	+2,000,000	-2,582,000
Office of the Director 1/	68,223,000	95,658,000	106,987,000	127,570,000	+59,347,000	+31,912,000	+20,583,000
Buildings and facilities	38,492,000	21,600,000	81,600,000	41,600,000	+3,108,000	+20,000,000	-40,000,000
Procurement reform	---	---	---	-4,000,000	-4,000,000	-4,000,000	-4,000,000
Total, N.I.H. funding including AIDS	7,144,819,000	7,529,397,000	7,678,625,000	7,713,064,000	+568,245,000	+183,667,000	+34,439,000
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION							
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH							
Grants to States:							
Consolidated Alcohol, Drug Abuse and Mental Health block grant	805,594,000	800,000,000	805,594,000	815,000,000	+9,406,000	+15,000,000	+9,406,000
(Set-aside for research & evaluation, non-add)	(40,280,000)	(40,000,000)	(40,280,000)	(40,750,000)	(+470,000)	(+750,000)	(+470,000)
Grants to States for the homeless	14,128,000	35,028,000	35,000,000	21,192,000	+7,064,000	-13,836,000	-13,808,000
Mental health state planning grants	4,730,000	---	---	---	-4,730,000	---	---
Subtotal, grants to States	824,452,000	835,028,000	840,594,000	836,192,000	+11,740,000	+1,164,000	-4,402,000
Drug Treatment Grants	75,000,000	25,000,000	25,000,000	25,000,000	-50,000,000	---	---
New Treatment Grants, crisis areas	---	30,000,000	10,000,000	15,000,000	+15,000,000	-15,000,000	+5,000,000
Mental Health:							
Research 1/	354,464,000	389,110,000	389,110,000	424,455,000	+69,991,000	+35,345,000	+35,345,000
Clinical training	12,844,000	8,000,000	12,844,000	14,500,000	+1,656,000	+6,500,000	+1,656,000
Community Support Demonstrations	25,920,000	19,000,000	26,000,000	27,591,000	+1,671,000	+8,591,000	+1,591,000
Mental health prevention demonstrations	---	---	---	4,337,000	+4,337,000	+4,337,000	+4,337,000
Homeless Services Demonstrations	4,594,000	11,500,000	6,100,000	6,100,000	+1,506,000	-5,400,000	---
Protection and advocacy	12,844,000	10,555,000	12,844,000	14,144,000	+1,300,000	+3,589,000	+1,300,000
Direct operations 1/	39,229,000	41,628,000	40,628,000	40,714,000	+1,485,000	-914,000	+86,000
Subtotal, mental health	449,895,000	479,793,000	487,526,000	531,841,000	+81,946,000	+52,048,000	+44,315,000

1/ Senate Bill included $18,000,000 for extramural construction, and $34,000,000 for computer acquisition.

1/ Includes AIDS.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recom-mendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Drug Abuse:							
Research 1/	263,539,000	288,489,000	294,569,000	293,444,000	+29,905,000	+4,955,000	-1,125,000
Treatment demonstrations	7,000,000	7,000,000	7,000,000	7,500,000	+500,000	+500,000	+500,000
Direct operations 1/	17,914,000	21,544,000	21,544,000	21,544,000	+3,630,000	---	---
Subtotal, drug abuse	288,453,000	317,033,000	323,113,000	322,488,000	+34,035,000	+5,455,000	-625,000
Alcoholism and Alcohol Abuse:							
Research 1/	109,888,000	116,313,000	119,528,000	122,270,000	+12,382,000	+5,957,000	+2,742,000
Substance abuse homeless demonstrations	4,545,000	17,000,000	10,000,000	9,090,000	+4,545,000	-7,910,000	-910,000
Direct operations 1/	9,621,000	10,834,000	10,834,000	10,834,000	+1,213,000	---	---
Subtotal, alcoholism	124,054,000	144,147,000	140,362,000	142,194,000	+18,140,000	-1,953,000	+1,832,000
Office of Substance Abuse Prevention:							
Prevention programs	41,168,000	42,193,000	42,193,000	42,856,000	+1,688,000	+663,000	+663,000
Community youth activity program	15,000,000	15,000,000	15,000,000	15,000,000	---	---	---
New community prevention grants	---	35,000,000	5,000,000	40,000,000	+40,000,000	+5,000,000	+35,000,000
Training	5,000,000	5,300,000	5,300,000	7,300,000	+2,300,000	+2,000,000	+2,000,000
Direct operations	8,685,000	9,810,000	9,810,000	9,810,000	+1,125,000	---	---
Subtotal, Substance Abuse Prevention	69,853,000	107,303,000	77,303,000	114,966,000	+45,113,000	+7,663,000	+37,663,000
Treatment outcome evaluations	2,282,000	7,257,000	2,506,000	7,257,000	+4,975,000	---	+4,751,000

Buildings and facilities	198,000	198,000	198,000	198,000	---	---	---
Program management, ADAMHA	9,375,000	10,560,000	10,560,000	10,312,000	+937,000	-248,000	-248,000
Total, Alcohol, Drug Abuse & Mental Health	1,843,562,000	1,956,319,000	1,917,162,000	2,005,448,000	+161,886,000	+49,129,000	+88,286,000
ST. ELIZABETHS HOSPITAL	23,712,000	18,000,000	18,000,000	18,000,000	-5,712,000	---	---
Total, Alcohol, Drug Abuse & Mental Health Admin	1,867,274,000	1,974,319,000	1,935,162,000	2,023,448,000	+156,174,000	+49,129,000	+88,286,000
ASSISTANT SECRETARY FOR HEALTH							
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH 1/							
Health Services Research and Technology Assessment:							
Research	17,112,000	12,153,000	12,153,000	14,153,000	-2,959,000	+2,000,000	+2,000,000
Trust funds	(6,916,000)	(1,037,000)	(1,037,000)	(1,037,000)	(-5,879,000)	---	---
Program support	1,660,000	1,693,000	1,693,000	1,693,000	+33,000	---	---
Subtotal including trust funds	25,688,000	14,883,000	14,883,000	16,883,000	-8,805,000	+2,000,000	+2,000,000
Population affairs: (unauthorized, deferred by House) Adolescent family life	(9,529,000)	(9,529,000)	DEFER	(9,529,000)	---	---	(+9,529,000)
Health Initiatives :							
Office of Disease Prevention and Health Promotion	4,446,000	4,496,000	4,496,000	4,496,000	+50,000	---	---
Physical fitness and sports	1,481,000	1,503,000	1,503,000	2,503,000	+1,022,000	+1,000,000	+1,000,000
Minority health	2,964,000	3,022,000	4,522,000	3,022,000	+58,000	---	-1,500,000
National vaccine program	---	--	10,000,000	4,500,000	+4,500,000	+4,500,000	-5,500,000
Health Service Management	18,698,000	19,630,000	19,630,000	19,930,000	+1,232,000	+300,000	+300,000
Acquired Immune Deficiency Syndrome (AIDS) 1/	13,270,000	41,348,000	41,348,000	16,348,000	+3,078,000	-25,000,000	-25,000,000
Construction (unauthorized)	---	---	DEFER	(1,000,000)	(+1,000,000)	(+1,000,000)	(+1,000,000)
Total, PHS management, authorized	59,631,000	83,845,000	95,345,000	66,645,000	+7,014,000	-17,200,000	-28,700,000
(Unauthorized, not considered by House)	(9,529,000)	(9,529,000)	DEFER	(10,529,000)	(+1,000,000)	(+1,000,000)	(+10,529,000)
Total, authorized and unauthorized	(69,160,000)	(93,374,000)	(95,345,000)	(77,174,000)	(+8,014,000)	(-16,200,000)	(-18,171,000)

1/ Includes AIDS.

1/ President's budget requests AIDS funding for FY 1990 under consolidated account.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS 1/							
Retirement payments	80,561,000	83,973,000	83,973,000	83,973,000	+3,412,000	---	---
Survivors benefits	4,658,000	5,017,000	5,017,000	5,017,000	+359,000	---	---
Dependent's medical care	12,402,000	13,121,000	13,121,000	13,121,000	+719,000	---	---
Contingency	---	5,000,000	---	---	---	-5,000,000	---
Military Services Credits	6,694,000	3,090,000	3,090,000	3,090,000	-3,604,000	---	---
Total, Retirement pay and medical benefits	104,315,000	110,201,000	105,201,000	105,201,000	+886,000	-5,000,000	---
MEDICAL TREATMENT EFFECTIVENESS							
Federal funds	---	24,000,000	5,000,000	5,000,000	+5,000,000	-19,000,000	---
Trust funds	---	(28,000,000)	(15,000,000)	(5,000,000)	(+5,000,000)	(-23,000,000)	(-10,000,000)
Total, Medical treatment effectiveness	---	52,000,000	20,000,000	10,000,000	+10,000,000	-42,000,000	-10,000,000
Total, Public Health Service	11,766,106,000	12,311,788,000	12,628,078,000	12,880,686,000	+1,114,580,000	+568,898,000	+252,608,000
(Unauthorized, not considered by the House)	(147,849,000)	(147,893,000)	DEFER	(152,893,000)	(+5,044,000)	(+5,000,000)	(+152,893,000)
Total, authorized and unauthorized	(11,913,955,000)	(12,459,681,000)	(12,628,078,000)	(13,033,579,000)	(+1,119,624,000)	(+573,898,000)	(+405,501,000)

HEALTH CARE FINANCING ADMINISTRATION

GRANTS TO STATES FOR MEDICAID

Medicaid current law benefits	32,762,986,000	37,297,341,000	36,777,184,000	37,297,341,000	+4,534,355,000	---	+520,157,000
State and local administration	1,529,000,000	1,839,313,000	1,839,313,000	1,839,313,000	+310,313,000	---	---
Subtotal, medicaid program level, FY 1990	34,291,986,000	39,136,654,000	38,616,497,000	39,136,654,000	+4,844,668,000	---	+520,157,000
Less funds advanced in prior year	-8,000,000,000	-9,000,000,000	-9,000,000,000	-9,000,000,000	-1,000,000,000	---	---
Total, current request, FY 1990	26,291,986,000	30,136,654,000	29,616,497,000	30,136,654,000	+3,844,668,000	---	+520,157,000
New advance, 1st quarter, FY 1991	9,000,000,000	10,400,000,000	10,400,000,000	10,400,000,000	+1,400,000,000	---	---

PAYMENTS TO HEALTH CARE TRUST FUNDS

Supplemental medical insurance	30,712,000,000	35,925,500,000	35,925,500,000	35,925,500,000	+5,213,500,000	---	---
Hospital insurance for uninsured	493,000,000	378,000,000	378,000,000	378,000,000	-115,000,000	---	---
Federal uninsured payment	22,000,000	35,000,000	35,000,000	35,000,000	+13,000,000	---	---
Total, Payment to Trust Funds 1/	31,227,000,000	36,338,500,000	36,338,500,000	36,338,500,000	+5,111,500,000	---	---

PROGRAM MANAGEMENT

Research, demonstration, and evaluation:							
Regular program:							
Federal funds	9,880,000	14,000,000	13,000,000	14,000,000	+4,120,000	---	+1,000,000
Trust funds	(19,760,000)	(23,000,000)	(21,000,000)	(23,000,000)	(+3,240,000)	---	(+2,000,000)
Mandated studies related to catastrophic HI, trust funds	(12,000,000)	---	---	---	(-12,000,000)	---	---

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1/ Legislative proposal pending to establish a retirement trust fund. FY90 request of $105 million proposed for later transmittal.

1/ Excludes legislative savings of $850 million proposed for later transmittal.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Rural hospital transition demonstrations, trust funds	(8,892,000)	---	(12,000,000)	(20,000,000)	(+11,108,000)	(+20,000,000)	(+8,000,000)
Subtotal, research, demonstration, & evaluation.	50,532,000	37,000,000	46,000,000	57,000,000	+6,468,000	+20,000,000	+11,000,000
Medicare Contractors (Trust Funds):							
Operating funds, current	(1,361,588,000)	(1,439,013,000)	(1,520,000,000)	(1,439,013,000)	(+77,425,000)	---	(-80,987,000)
Contingency reserve fund	(98,800,000)	(100,000,000)	(100,000,000)	(100,000,000)	(+1,200,000)	---	---
Subtotal, Contractors	(1,460,388,000)	(1,539,013,000)	(1,620,000,000)	(1,539,013,000)	(+78,625,000)	---	(-80,987,000)
State Certification:							
Medicare certification, trust funds	(63,168,000)	(92,442,000)	(92,442,000)	(92,442,000)	(+29,274,000)	---	---
General program support, federal funds	4,173,000	6,558,000	6,558,000	6,558,000	+2,385,000	---	---
Subtotal, State certification	(67,341,000)	(99,000,000)	(99,000,000)	(99,000,000)	(+31,659,000)	---	---
Federal Administration:							
Federal funds	80,769,000	82,633,000	82,633,000	82,633,000	+1,864,000	---	
State Certification:							
Medicare certification, trust funds	(63,168,000)	(92,442,000)	(92,442,000)	(92,442,000)	(+29,274,000)	---	---
General program support, federal funds	4,173,000	6,558,000	6,558,000	6,558,000	+2,385,000	---	---
Subtotal, State certification	(67,341,000)	(99,000,000)	(99,000,000)	(99,000,000)	(+31,659,000)	---	---

Federal Administration:							
Federal funds	80,769,000	82,633,000	82,633,000	82,633,000	+1,864,000	---	---
Less user fees	-1,538,000	-283,000	-283,000	-283,000	+1,255,000	---	---
Trust funds	(235,496,000)	(246,717,000)	(246,717,000)	(246,717,000)	(+11,221,000)	---	---
Subtotal, Federal Administration	314,727,000	329,067,000	329,067,000	329,067,000	+14,340,000	---	---
Total, Program management	1,892,988,000	2,004,080,000	2,094,067,000	2,024,080,000	+131,092,000	+20,000,000	-69,987,000
Federal funds	93,284,000	102,908,000	101,908,000	102,908,000	+9,624,000	---	+1,000,000
Trust funds	(1,799,704,000)	(1,901,172,000)	(1,992,159,000)	(1,921,172,000)	(+121,468,000)	(+20,000,000)	(-70,987,000)
HMO LOAN AND LOAN GUARANTEE FUND	---	5,000,000	5,000,000	5,000,000	+5,000,000	---	---
Total, Health Care Financing Administration:							
Federal funds	66,612,270,000	76,983,062,000	76,461,905,000	76,983,062,000	+10,370,792,000	---	+521,157,000
Current year, FY 1990	(57,612,270,000)	(66,583,062,000)	(66,061,905,000)	(66,583,062,000)	(+8,970,792,000)	---	(+521,157,000)
New advance, 1st quarter, FY 1991	(9,000,000,000)	(10,400,000,000)	(10,400,000,000)	(10,400,000,000)	(+1,400,000,000)	---	---
Trust funds	(1,799,704,000)	(1,901,172,000)	(1,992,159,000)	(1,921,172,000)	(+121,468,000)	(+20,000,000)	(-70,987,000)
SOCIAL SECURITY ADMINISTRATION							
PAYMENTS TO SOCIAL SECURITY TRUST FUNDS	93,631,000	191,968,000	191,968,000	191,968,000	+98,337,000	---	---
SPECIAL BENEFITS FOR DISABLED COAL MINERS							
Benefit payments	878,656,000	853,000,000	853,000,000	853,000,000	-25,656,000	---	---
Administration	6,680,000	6,862,000	6,862,000	6,862,000	+182,000	---	---
Subtotal, Black Lung, FY 1990 program level	885,336,000	859,862,000	859,862,000	859,862,000	-25,474,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Less funds advanced in prior year	-250,000,000	-211,000,000	-211,000,000	-211,000,000	+39,000,000	---	---
Total, Black Lung, current request, FY 1990	635,336,000	648,862,000	648,862,000	648,862,000	+13,526,000	---	---
New advance, 1st quarter, FY 1991	211,000,000	215,000,000	215,000,000	215,000,000	+4,000,000	---	---
SUPPLEMENTAL SECURITY INCOME							
Federal benefit payments	11,368,000,000	10,925,613,000	10,925,613,000	10,925,613,000	-442,387,000	---	---
Beneficiary services	13,547,000	13,739,000	13,739,000	13,739,000	+192,000	---	---
Research demonstration	2,275,000	2,275,000	5,275,000	2,275,000	---	---	-3,000,000
Administration	1,090,131,000	1,110,815,000	1,090,131,000	1,090,131,000	---	-20,684,000	---
Subtotal, SSI FY 1990 program level	12,473,953,000	12,052,442,000	12,034,758,000	12,031,758,000	-442,195,000	-20,684,000	-3,000,000
Less funds advanced in prior year	-3,000,000,000	-2,936,000,000	-2,936,000,000	-2,936,000,000	+64,000,000	---	---
Total, SSI, current request, FY 1990	9,473,953,000	9,116,442,000	9,098,758,000	9,095,758,000	-378,195,000	-20,684,000	-3,000,000
New advance, 1st quarter, FY 1991	2,936,000,000	3,157,000,000	3,157,000,000	3,157,000,000	+221,000,000	---	---
LIMITATION ON ADMINISTRATIVE EXPENSES (Trust Funds)	(3,731,398,000)	(3,833,389,000)	(3,833,389,000)	(3,847,389,000)	(+115,991,000)	(+14,000,000)	(+14,000,000)
(Contingency reserve, non-add)	(97,870,000)	(47,870,000)	(97,870,000)	(97,870,000)	---	(+50,000,000)	---
Total, Social Security Administration:							
Federal funds	13,349,920,000	13,329,272,000	13,311,588,000	13,308,588,000	-41,332,000	-20,684,000	-3,000,000
Current year FY 1990	(10,202,920,000)	(9,957,272,000)	(9,939,588,000)	(9,936,588,000)	(-266,332,000)	(-20,684,000)	(-3,000,000)
New advances, 1st quarter FY 1991	(3,147,000,000)	(3,372,000,000)	(3,372,000,000)	(3,372,000,000)	(+225,000,000)	---	---

Trust funds..................................	(3,731,398,000)	(3,833,389,000)	(3,833,389,000)	(3,847,389,000)	(+115,991,000)	(+14,000,000)	(+14,000,000)
FAMILY SUPPORT ADMINISTRATION							
FAMILY SUPPORT PAYMENTS TO STATES 1/							
Aid to Families with Dependent Children (AFDC).......	8,897,874,000	9,345,000,000	9,345,000,000	9,345,000,000	+447,126,000	---	---
Quality control disallowances.........................	-63,000,000	-516,000,000	---	---	+63,000,000	+516,000,000	---
Payments to territories...............................	16,346,000	16,346,000	16,346,000	16,346,000	---	---	---
Emergency assistance, incl. welfare hotel demos 2/....	131,200,000	157,200,000	157,200,000	157,200,000	+26,000,000	---	---
Repatriation..	1,000,000	1,000,000	1,000,000	1,000,000	---	---	---
State and local welfare administration...............	1,474,600,000	1,599,400,000	1,599,400,000	1,599,400,000	+124,800,000	---	---
Work activities / child care..........................	12,000,000	163,000,000	163,000,000	163,000,000	+151,000,000	---	---
Regulatory savings, essential persons.................	-25,000,000	-55,000,000	-55,000,000	-55,000,000	-30,000,000	---	---
Subtotal, Welfare payments....................	10,445,020,000	10,710,946,000	11,226,946,000	11,226,946,000	+781,926,000	+516,000,000	---
Child Support Enforcement:							
State and local administration....................	941,000,000	1,033,000,000	1,033,000,000	1,033,000,000	+92,000,000	---	---
Federal incentive payments........................	260,000,000	294,000,000	294,000,000	294,000,000	+34,000,000	---	---
Less federal share collections....................	-754,000,000	-846,000,000	-846,000,000	-846,000,000	-92,000,000	---	---
Subtotal, Child support.......................	447,000,000	481,000,000	481,000,000	481,000,000	+34,000,000	---	---
Total, Payments, FY 1990 program level..........	10,892,020,000	11,191,946,000	11,707,946,000	11,707,946,000	+815,926,000	+516,000,000	---
Less funds advanced in previous years.........	-2,500,000,000	-2,700,000,000	-2,700,000,000	-2,700,000,000	-200,000,000	---	---
Total, Payments, current request, FY 1990.......	8,392,020,000	8,491,946,000	9,007,946,000	9,007,946,000	+615,926,000	+516,000,000	---
New advance, 1st quarter, FY 1991...........	2,700,000,000	3,000,000,000	3,000,000,000	3,000,000,000	+300,000,000	---	---

1/ Excludes legislative savings of $350 million proposed for later transmittal.

2/ Administration proposed to fund homeless demos ($20 million) under the Office of Human Development Services.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990–Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
PAYMENTS TO STATES FOR AFDC WORK PROGRAMS							
New Jobs Activities program	---	254,000,000	318,535,000	329,975,000	+329,975,000	+75,975,000	+11,440,000
WIN Phaseout	91,440,000	95,975,000	31,440,000	20,000,000	-71,440,000	-75,975,000	-11,440,000
Total, AFDC work programs	91,440,000	349,975,000	349,975,000	349,975,000	+258,535,000	---	---
LOW INCOME HOME ENERGY ASSISTANCE							
Energy Assistance Block Grant	1,383,200,000	1,100,000,000	1,400,000,000	1,228,654,000	-154,546,000	+128,654,000	-171,346,000
REFUGEE AND ENTRANT ASSISTANCE							
Cash and medical assistance 1/	(261,820,000)	(201,659,000)	DEFER	(261,820,000)	---	(+60,161,000)	(+261,820,000)
Social services	(64,906,000)	(30,000,000)	DEFER	(69,906,000)	(+5,000,000)	(+39,906,000)	(+69,906,000)
Voluntary agency program	(15,808,000)	(7,659,000)	DEFER	(45,808,000)	(+30,000,000)	(+38,149,000)	(+45,808,000)
Preventive health	(5,770,000)	(3,000,000)	DEFER	(5,770,000)	---	(+2,770,000)	(+5,770,000)
Targeted assistance	(34,052,000)	---	DEFER	(34,052,000)	---	(+34,052,000)	(+34,052,000)
Total, Refugee Resettlement (unauthorized)	(382,356,000)	(242,318,000)	DEFER	(417,356,000)	(+35,000,000)	(+175,038,000)	(+417,356,000)
STATE LEGALIZATION IMPACT ASSISTANCE GRANTS	---	-400,000,000	---	-241,044,000	-241,044,000	+158,956,000	-241,044,000

1/ Includes State admin. costs.

COMMUNITY SERVICES BLOCK GRANT

Grants to States for Community Services	318,630,000	---	297,000,000	325,630,000	+7,000,000	+325,630,000	+28,630,000
Homeless services grants 1/	18,918,000	42,000,000	35,000,000	18,918,000	---	-23,082,000	-16,082,000
Discretionary funds:							
Community economic development	20,254,000	---	20,254,000	20,254,000	---	+20,254,000	---
Rural housing	4,013,000	---	4,013,000	4,013,000	---	+4,013,000	---
Farmworker assistance	2,948,000	---	2,948,000	2,948,000	---	+2,948,000	---
National youth sports, regular activities	6,669,000	---	9,669,000	9,669,000	+3,000,000	+9,669,000	---
National youth sports, substance abuse	3,000,000	---	---	---	-3,000,000	---	---
Technical assistance	236,000	---	236,000	236,000	---	+236,000	---
Subtotal, discretionary funds	37,120,000	---	37,120,000	37,120,000	---	+37,120,000	---
Community Partnerships	(3,512,000)	---	DEFER	(3,512,000)	---	(+3,512,000)	(+3,512,000)
Community Food and Nutrition	2,418,000	---	2,418,000	2,418,000	---	+2,418,000	---
Total, Community services, authorized	377,086,000	42,000,000	371,538,000	384,086,000	+7,000,000	+342,086,000	+12,548,000
(Unauthorized, not considered by House)	(3,512,000)	---	DEFER	(3,512,000)	---	(+3,512,000)	(+3,512,000)
Total, authorized and unauthorized	(380,598,000)	(42,000,000)	(371,538,000)	(387,598,000)	(+7,000,000)	(+345,598,000)	(+16,060,000)
PROGRAM ADMINISTRATION							
Federal Administration 1/	77,882,000	73,881,000	76,431,000	76,431,000	-1,451,000	+2,550,000	---
Research & evaluation	2,750,000	2,750,000	6,000,000	14,750,000	+12,000,000	+12,000,000	+8,750,000
Total, program administration	80,632,000	76,631,000	82,431,000	91,181,000	+10,549,000	+14,550,000	+8,750,000
Total, Family Support Administration, authorized	13,024,378,000	12,660,552,000	14,211,890,000	13,820,798,000	+796,420,000	+1,160,246,000	-391,092,000
Current year FY 1990	(10,324,378,000)	(9,660,552,000)	(11,211,890,000)	(10,820,798,000)	(+496,420,000)	(+1,160,246,000)	(-391,092,000)

1/ Administration requested under the Office of Human Development Services.

1/ FY90 request assumes an additional $1,550,000 from user fees.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
New advance, 1st quarter, FY 1991	(2,700,000,000)	(3,000,000,000)	(3,000,000,000)	(3,000,000,000)	(+300,000,000)	---	---
(Unauthorized, not considered by House)	(385,868,000)	(242,318,000)	DEFER	(420,868,000)	(+35,000,000)	(+178,550,000)	(+420,868,000)
Total, authorized and unauthorized	(13,410,246,000)	(12,902,870,000)	(14,211,890,000)	(14,241,666,000)	(+831,420,000)	(+1,338,796,000)	(+29,776,000)
ASSISTANT SECRETARY FOR HUMAN DEVELOPMENT SERVICES							
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	2,700,000,000	2,700,000,000	2,700,000,000	2,700,000,000	---	---	---
HUMAN DEVELOPMENT SERVICES 1/							
Programs for Children, Youth, and Families:							
Head start	1,235,000,000	1,405,000,000	1,400,000,000	1,405,000,000	+170,000,000	---	+5,000,000
Unauthorized, deferred by House	---	(80,000,000)	DEFER	(80,000,000)	(+80,000,000)	---	(+80,000,000)
Child development associate scholarships	1,450,000	1,450,000	1,450,000	1,450,000	---	---	---
Family crisis program:							
Child abuse state grants	11,648,000	---	11,648,000	11,824,000	+176,000	+11,824,000	+176,000
Child abuse challenge grants (Unauthorized)	(4,834,000)	---	DEFER	(5,000,000)	(+166,000)	(+5,000,000)	(+5,000,000)
Runaway and homeless youth	26,923,000	---	26,923,000	28,923,000	+2,000,000	+28,923,000	+2,000,000
Family violence	8,219,000	---	8,219,000	8,548,000	+329,000	+8,548,000	+329,000
Consolidated request	---	46,790,000	---	---	---	-46,790,000	---
Abandoned infants assistance	---	---	---	4,000,000	+4,000,000	+4,000,000	+4,000,000
Subtotal, family crisis	46,790,000	46,790,000	46,790,000	53,295,000	+6,505,000	+6,505,000	+6,505,000

Child care (unauthorized) 2/	---	---	DEFER	(1,200,000,000)	(+1,200,000,000)	(+1,200,000,000)	(+1,200,000,000)
Dependent Care Planning and Development	11,856,000	---	11,856,000	14,856,000	+3,000,000	+14,856,000	+3,000,000
Child welfare assistance 3/	246,679,000	256,053,000	256,053,000	256,053,000	+9,374,000	---	---
Subtotal, authorized	1,541,775,000	1,709,293,000	1,716,149,000	1,730,654,000	+188,879,000	+21,361,000	+14,505,000
(Unauthorized, deferred by House)	(4,834,000)	(80,000,000)	DEFER	(1,285,000,000)	(+1,280,166,000)	(+1,205,000,000)	(+1,285,000,000)
Total, authorized and unauthorized	(1,546,609,000)	(1,789,293,000)	(1,716,149,000)	(3,015,654,000)	(+1,469,045,000)	(+1,226,361,000)	(+1,299,505,000)
Programs for the Aging:							
Grants to States:							
Supportive Services and Centers	274,352,000	275,652,000	275,652,000	275,652,000	+1,300,000	---	---
Ombudsman activities	988,000	988,000	988,000	988,000	---	---	---
Nutrition:							
Congregate meals	356,668,000	356,668,000	356,668,000	356,668,000	---	---	---
Home-delivered meals	78,546,000	78,546,000	78,546,000	81,546,000	+3,000,000	+3,000,000	+3,000,000
Aging outreach	---	---	---	5,000,000	+5,000,000	+5,000,000	+5,000,000
Federal Council on Aging	188,000	188,000	188,000	188,000	---	---	---
Grants to Indians	10,710,000	7,410,000	12,710,000	12,710,000	+2,000,000	+5,300,000	---
Frail elderly in-home services	4,834,000	4,834,000	4,834,000	6,834,000	+2,000,000	+2,000,000	+2,000,000
Subtotal, Aging programs	726,286,000	724,286,000	729,586,000	739,586,000	+13,300,000	+15,300,000	+10,000,000
Developmental disabilities program:							
State grants	59,774,000	59,774,000	59,774,000	62,774,000	+3,000,000	+3,000,000	+3,000,000
Protection and advocacy	19,760,000	19,760,000	19,760,000	20,760,000	+1,000,000	+1,000,000	+1,000,000
Subtotal, Developmental disabilities	79,534,000	79,534,000	79,534,000	83,534,000	+4,000,000	+4,000,000	+4,000,000
Native American Programs	29,975,000	29,975,000	29,975,000	34,300,000	+4,325,000	+4,325,000	+4,325,000

1/ Excludes $20 million for welfare hotel demos. considered under Family Support.

2/ Available for obligation September 1, 1990.

3/ FY90 budget proposes for later transmittal new consolidated appropriation with foster care case management costs.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recom-mendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Human services research, training & demonstration:							
New consolidated request	---	128,679,000	---	---	---	-128,679,000	---
Comprehensive child development centers	19,760,000	---	24,760,000	25,000,000	+5,240,000	+25,000,000	+240,000
Child abuse discretionary activities	13,647,000	---	13,647,000	13,647,000	---	+13,647,000	---
Runaway youth - transitional living	---	---	5,000,000	5,000,000	+5,000,000	+5,000,000	---
Runaway youth activities - drugs	15,000,000	---	10,000,000	10,000,000	-5,000,000	+10,000,000	---
Youth gang substance abuse	15,000,000	---	12,000,000	12,000,000	-3,000,000	+12,000,000	---
Temporary childcare/crisis nurseries	4,940,000	---	4,940,000	5,940,000	+1,000,000	+5,940,000	+1,000,000
Child welfare training	3,696,000	---	3,696,000	3,696,000	---	+3,696,000	---
Child welfare research	9,315,000	---	11,315,000	10,965,000	+1,650,000	+10,965,000	-350,000
Adoption opportunities	6,027,000	---	6,827,000	6,527,000	+500,000	+6,527,000	-300,000
Aging research, training and special projects	22,173,000	---	26,173,000	25,173,000	+3,000,000	+25,173,000	-1,000,000
Developmental disabilities special projects	2,901,000	---	2,901,000	2,901,000	---	+2,901,000	---
Developmental disabilities university affiliated programs	12,570,000	---	12,570,000	13,370,000	+800,000	+13,370,000	+800,000
Total, Human services res, trng & demonstration	125,029,000	128,679,000	133,829,000	134,219,000	+9,190,000	+5,540,000	+390,000
Program direction	66,140,000	68,886,000	68,886,000	69,586,000	+3,446,000	+700,000	+700,000
Total, Human Development Services	2,568,739,000	2,740,653,000	2,757,959,000	2,791,879,000	+223,140,000	+51,226,000	+33,920,000
(Unauthorized, deferred by House)	(4,834,000)	(90,000,000)	DEFER	(1,285,000,000)	(+1,280,166,000)	(+1,205,000,000)	(+1,285,000,000)
Total, authorized and unauthorized	(2,573,573,000)	(2,820,653,000)	(2,757,959,000)	(4,076,879,000)	(+1,503,306,000)	(+1,256,226,000)	(+1,318,920,000)

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

Foster care 1/	854,233,000	1,161,181,000	1,204,782,000	1,161,181,000	+306,948,000	---	-43,601,000
Adoption assistance 1/	111,744,000	125,266,000	125,266,000	125,266,000	+13,522,000	---	---
Independent living	(45,000,000)	---	DEFER	(50,000,000)	(+5,000,000)	(+50,000,000)	(+50,000,000)
Prior year claims	532,275,000	---	226,316,000	---	-532,275,000	---	-226,316,000
Total, Payments to States	1,498,252,000	1,286,447,000	1,556,364,000	1,286,447,000	-211,805,000	---	-269,917,000
Total, Asst. Sec. for Human Development	6,766,991,000	6,727,100,000	7,014,323,000	6,778,326,000	+11,335,000	+51,226,000	-235,997,000
(Unauthorized)	(49,834,000)	(80,000,000)	DEFER	(1,335,000,000)	(+1,285,166,000)	(+1,255,000,000)	(+1,335,000,000)
Total, authorized and unauthorized	(6,816,825,000)	(6,807,100,000)	(7,014,323,000)	(8,113,326,000)	(+1,296,501,000)	(+1,306,226,000)	(+1,099,003,000)

DEPARTMENTAL MANAGEMENT

GENERAL DEPARTMENTAL MANAGEMENT:							
Federal funds	52,838,000	71,046,000	80,327,000	90,577,000	+37,739,000	+19,531,000	+10,250,000
Trust funds	(5,024,000)	(5,085,000)	(31,201,000)	(31,201,000)	(+26,177,000)	(+26,116,000)	---
Total, Departmental management	57,862,000	76,131,000	111,528,000	121,778,000	+63,916,000	+45,647,000	+10,250,000
OFFICE OF GENERAL COUNSEL: 1/							
Federal funds	16,220,000	19,281,000	---	---	-16,220,000	-19,281,000	---
Trust funds	(25,641,000)	(26,116,000)	---	---	(-25,641,000)	(-26,116,000)	---
Total, Office of General Counsel	41,861,000	45,397,000	---	---	-41,861,000	-45,397,000	---

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1/ FY90 budget proposes for later transmittal new consolidated appropriation with foster care case management costs.

1/ Includes funds for FDA and IHS.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recom- mendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
OFFICE OF THE INSPECTOR GENERAL:							
Federal funds	46,092,000	49,498,000	49,498,000	50,600,000	+4,508,000	+1,102,000	+1,102,000
Trust funds	(39,520,000)	(43,300,000)	(44,300,000)	(44,300,000)	(+4,780,000)	(+1,000,000)	---
Total, Inspector General	85,612,000	92,798,000	93,798,000	94,900,000	+9,288,000	+2,102,000	+1,102,000
OFFICE FOR CIVIL RIGHTS:							
Federal funds	15,979,000	17,567,000	17,567,000	17,567,000	+1,588,000	---	---
Trust funds	(3,952,000)	(4,000,000)	(4,000,000)	(4,000,000)	(+48,000)	---	---
Total, Civil Rights	19,931,000	21,567,000	21,567,000	21,567,000	+1,636,000	---	---
POLICY RESEARCH	7,851,000	5,012,000	5,012,000	5,012,000	-2,839,000	---	---
Total, Departmental management:							
Federal funds	138,980,000	162,404,000	152,404,000	163,756,000	+24,776,000	+1,352,000	+11,352,000
Trust funds	(74,137,000)	(78,501,000)	(79,501,000)	(79,501,000)	(+5,364,000)	(+1,000,000)	---
Total, Departmental management	(213,117,000)	(240,905,000)	(231,905,000)	(243,257,000)	(+30,140,000)	(+2,352,000)	(+11,352,000)
Total, Department of Health and Human Services:							
Federal Funds (all years)	111,658,645,000	122,174,178,000	173,780,188,000	123,935,216,000	+12,276,571,000	+1,761,038,000	+155,028,000
Current year FY 1990	(96,811,645,000)	(105,402,178,000)	(107,008,188,000)	(107,163,216,000)	(+10,351,571,000)	(+1,761,038,000)	(+155,028,000)

New advances, 1st quarter, FY 1991	(14,847,000,000)	(16,772,000,000)	(16,772,000,000)	(16,772,000,000)	(+1,925,000,000)	---	---
(Unauthorized)	(583,551,000)	(470,211,000)	DEFER	(1,908,761,000)	(+1,325,210,000)	(+1,438,550,000)	(+1,908,761,000)
Total, authorized and unauthorized	(112,242,196,000)	(122,644,389,000)	(123,780,188,000)	(125,843,977,000)	(+13,601,781,000)	(+3,199,588,000)	(+2,063,789,000)
Trust funds	(5,612,155,000)	(5,842,099,000)	(5,921,086,000)	(5,854,099,000)	(+241,944,000)	(+12,000,000)	(-66,987,000)

TITLE III--DEPARTMENT OF EDUCATION

COMPENSATORY EDUCATION FOR THE DISADVANTAGED

Grants for the Disadvantaged (Chapter 1):							
Grants to local educational agencies:							
Basic grants	3,853,200,000	3,900,000,000	4,461,000,000	4,200,000,000	+346,800,000	+300,000,000	-261,000,000
Concentration grants	172,900,000	262,988,000	496,000,000	300,000,000	+127,100,000	+37,012,000	-196,000,000
Subtotal, grants to LEA's	4,026,100,000	4,162,988,000	4,957,000,000	4,500,000,000	+473,900,000	+337,012,000	-457,000,000
Capital expenses for private school students	19,760,000	19,760,000	30,000,000	22,000,000	+2,240,000	+2,240,000	-8,000,000
Even start	14,820,000	14,820,000	30,000,000	19,000,000	+4,180,000	+4,180,000	-11,000,000
State agency programs:							
Migrant	271,700,000	280,938,000	290,938,000	280,938,000	+9,238,000	---	-10,000,000
Handicapped	148,200,000	148,200,000	148,200,000	148,200,000	---	---	---
Neglected and delinquent	31,616,000	34,778,000	34,778,000	31,616,000	---	-3,162,000	-3,162,000
State administration	40,508,000	40,508,000	54,609,000	40,508,000	---	---	-14,101,000
State program improvement	5,686,000	7,557,000	13,652,000	10,000,000	+4,314,000	+2,443,000	-3,652,000
Evaluation and technical assistance	7,904,000	12,000,000	12,000,000	12,000,000	+4,096,000	---	---
Rural technical assistance centers	3,952,000	---	---	6,000,000	+2,048,000	+6,000,000	+6,000,000
Total, Chapter 1	4,570,246,000	4,721,549,000	5,571,177,000	5,070,262,000	+500,016,000	+348,713,000	-500,915,000
Migrant education:							
High school equivalency program	7,410,000	7,410,000	7,410,000	8,500,000	+1,090,000	+1,090,000	+1,090,000
College assistance migrant program	1,482,000	1,482,000	1,482,000	2,000,000	+518,000	+518,000	+518,000
Subtotal, migrant education	8,892,000	8,892,000	8,892,000	10,500,000	+1,608,000	+1,608,000	+1,608,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Merit schools, proposed legislation	---	250,000,000	---	---	---	-250,000,000	---
Total, Compensatory Education programs	4,579,138,000	4,980,441,000	5,580,069,000	5,080,762,000	+501,624,000	+100,321,000	-499,307,000
IMPACT AID							
Maintenance and operations:							
Payments for 'a' children	558,220,000	578,316,000	573,316,000	580,000,000	+21,780,000	+1,684,000	+6,684,000
Payments for 'b' children	135,356,000	---	125,000,000	110,500,000	-24,856,000	+110,500,000	-14,500,000
Payments for Federal property (Section 2)	14,820,000	15,354,000	15,354,000	15,354,000	+534,000	---	---
Subtotal	708,396,000	593,670,000	713,670,000	705,854,000	-2,542,000	+112,184,000	-7,816,000
Disaster assistance (Section 7)	---	10,000,000	---	---	---	-10,000,000	---
Construction	24,700,000	25,590,000	25,590,000	26,000,000	+1,300,000	+410,000	+410,000
Total, Impact aid	733,096,000	629,260,000	739,260,000	731,854,000	-1,242,000	+102,594,000	-7,406,000
SCHOOL IMPROVEMENT PROGRAMS							
Educational improvement partnerships (Chapter 2):							
State block grants 1/	462,977,000	478,718,000	462,977,000	462,977,000	---	-15,741,000	---
National programs:							
National Diffusion Network	11,066,000	11,200,000	11,200,000	13,000,000	+1,934,000	+1,800,000	+1,800,000
Inexpensive book distribution (including RIF)	8,398,000	8,684,000	8,684,000	10,000,000	+1,602,000	+1,316,000	+1,316,000

National school volunteers	988,000	---	---	---	-988,000	---	---
Arts in education	3,458,000	3,582,000	3,582,000	3,900,000	+442,000	+318,000	+318,000
Law - related education	3,952,000	3,952,000	5,000,000	4,000,000	+48,000	+48,000	-1,000,000
Blue ribbon schools	889,000	1,100,000	1,000,000	1,000,000	+111,000	-100,000	---
Magnet Schools of Excellence, proposed legislation 2/	---	100,000,000	---	---	---	-100,000,000	---
Subtotal, National programs	28,751,000	128,518,000	29,466,000	31,900,000	+3,149,000	-96,618,000	+2,434,000
Total, Chapter 2	491,728,000	607,236,000	492,443,000	494,877,000	+3,149,000	-112,359,000	+2,434,000
Drug free schools and communities:							
State grants 1/	287,730,000	297,513,000	297,513,000	319,194,000	+31,464,000	+21,681,000	+21,681,000
Teacher training	7,000,000	7,238,000	7,238,000	7,500,000	+500,000	+262,000	+262,000
National programs:							
Regular programs	59,770,000	61,802,000	60,802,000	66,306,000	+6,536,000	+4,504,000	+5,504,000
Innovative alcohol abuse programs (non-add)	---	---	---	(500,000)	(+500,000)	(+500,000)	(+500,000)
Urban emergency grants, proposed legislation	---	25,000,000	---	---	---	-25,000,000	---
Subtotal, drug free schools and communities	354,500,000	391,553,000	365,553,000	393,000,000	+38,500,000	+1,447,000	+27,447,000
National Commission on Drug Free School	---	---	1,000,000	1,000,000	+1,000,000	+1,000,000	---
Strengthening teaching and administration:							
Mathematics and science education:							
State grants 1/	128,440,000	132,807,000	96,000,000	145,000,000	+16,560,000	+12,193,000	+49,000,000
National program	8,892,000	9,194,000	4,000,000	9,000,000	+108,000	-194,000	+5,000,000
Subtotal, Math & science education	137,332,000	142,001,000	100,000,000	154,000,000	+16,668,000	+11,999,000	+54,000,000
Fund for the improvement and reform of schools and teaching:							
Grants for schools and teachers	3,952,000	3,952,000	3,952,000	6,000,000	+2,048,000	+2,048,000	+2,048,000

1/ Forward funded.

2/ Requested in President's budget under School Improvement.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990–Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recom-mendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Family-school partnerships	1,976,000	1,976,000	1,976,000	5,000,000	+3,024,000	+3,024,000	+3,024,000
Subtotal, FIRST	5,928,000	5,928,000	5,928,000	11,000,000	+5,072,000	+5,072,000	+5,072,000
Alternative teacher/principal certification, proposed legislation	---	25,000,000	---	---	---	-25,000,000	---
Presidential awards for excellent teachers, proposed legislation	---	7,600,000	---	---	---	-7,600,000	---
Territorial teacher training	1,976,000	1,568,000	1,568,000	2,000,000	+24,000	+432,000	+432,000
Leadership in Education Administration (LEAD) 1/	4,306,000	3,894,000	3,894,000	3,894,000	-412,000	---	---
Christa McAuliffe fellowships	1,892,000	1,956,000	1,956,000	1,956,000	+64,000	---	---
Total, teaching and administration	151,434,000	187,947,000	113,346,000	172,850,000	+21,416,000	-15,097,000	+59,504,000
Other school improvement programs:							
Magnet schools assistance, regular program	113,620,000	114,620,000	114,620,000	114,620,000	+1,000,000	---	---
Fund for Innovation in Education 2/	10,162,000	15,678,000	20,678,000	15,678,000	+5,516,000	---	-5,000,000
(Transfer of funds) (non-add)	(4,528,000)	---	---	---	(-4,528,000)	---	---
Javits gifted and talented education	7,904,000	7,904,000	7,904,000	10,000,000	+2,096,000	+2,096,000	+2,096,000
Education of homeless children & youth:							
State activities 1/	4,834,000	4,998,000	4,998,000	4,998,000	+164,000	---	---
Exemplary activities	---	2,500,000	2,500,000	2,000,000	+2,000,000	-500,000	-500,000
Subtotal, homeless activities	4,834,000	7,498,000	7,498,000	6,998,000	+2,164,000	-500,000	-500,000

Women's educational equity........................	2,949,000	---	2,949,000	1,300,000	-1,649,000	+1,300,000	-1,649,000
Training and advisory services (Civil Rights IV-A)	23,443,000	23,443,000	23,443,000	20,000,000	-3,443,000	-3,443,000	-3,443,000
Dropout prevention demonstrations.................	21,736,000	---	---	---	-21,736,000	---	---
Secondary basic skills demonstrations.............	---	---	---	10,000,000	+10,000,000	+10,000,000	+10,000,000
Business-Education partnerships...................	---	---	---	7,500,000	+7,500,000	+7,500,000	+7,500,000
General assistance to the Virgin Islands..........	4,730,000	4,891,000	4,891,000	4,000,000	-730,000	-891,000	-891,000
Ellender fellowships 1/...........................	3,458,000	---	4,000,000	3,500,000	+42,000	+3,500,000	-500,000
Follow through....................................	7,262,000	---	7,262,000	7,262,000	---	+7,262,000	---
Star schools......................................	14,399,000	---	---	20,000,000	+5,601,000	+20,000,000	+20,000,000
Native Hawaiian Education Act.....................	4,940,000	---	4,940,000	8,000,000	+3,060,000	+8,000,000	+3,060,000
Subtotal, other school improvement programs.....	219,437,000	174,034,000	198,185,000	228,858,000	+9,421,000	+54,824,000	+30,673,000
Total, School improvement programs..............	1,217,099,000	1,360,770,000	1,170,527,000	1,290,585,000	+73,486,000	-70,185,000	+120,058,000
BILINGUAL, IMMIGRANT, & REFUGEE EDUCATION							
Bilingual programs................................	110,761,000	115,797,000	120,797,000	110,761,000	---	-5,036,000	-10,036,000
Support services..................................	10,772,000	10,903,000	10,903,000	10,772,000	---	-131,000	-131,000
Training grants...................................	30,413,000	30,413,000	32,413,000	31,413,000	+1,000,000	+1,000,000	-1,000,000
Immigrant education 1/............................	29,640,000	30,648,000	30,648,000	29,640,000	---	-1,008,000	-1,008,000
Refugee education.................................	(15,808,000)	(16,345,000)	DEFER	---	(-15,808,000)	(-16,345,000)	---
Total, authorized...............................	181,586,000	187,761,000	194,761,000	182,586,000	+1,000,000	-5,175,000	-12,175,000
(Unauthorized, not considered by House......	(15,808,000)	(16,345,000)	DEFER	---	(-15,808,000)	(-16,345,000)	---
Total, authorized and unauthorized..............	(197,394,000)	(204,106,000)	(194,761,000)	(182,586,000)	(-14,808,000)	(-21,520,000)	(-12,175,000)

1/ Forward funded.

1/ New legislation proposed.

2/ Includes funds for technology education.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −): 1989 appropriation (6)	Budget estimate (7)	House allowance (8)
EDUCATION FOR THE HANDICAPPED							
Education for the handicapped:							
State grants:							
Grants to States, general	1,475,449,000	1,525,614,000	1,564,017,000	1,554,000,000	+78,551,000	+28,386,000	-10,017,000
Preschool grants	247,000,000	247,000,000	252,000,000	255,000,000	+8,000,000	+8,000,000	+3,000,000
Grants for infants and families	69,831,000	72,205,000	77,205,000	80,624,000	+10,793,000	+8,419,000	+3,419,000
Subtotal, State grants	1,792,280,000	1,844,819,000	1,893,222,000	1,889,624,000	+97,344,000	+44,805,000	-3,598,000
Special purpose funds:							
Deaf-blind and severely handicapped projects:							
Consolidated program	---	19,486,000	---	---	---	-19,486,000	---
Deaf-blind projects	14,189,000	---	14,189,000	14,757,000	+568,000	+14,757,000	+568,000
Severely handicapped projects	5,297,000	---	5,297,000	6,000,000	+703,000	+6,000,000	+703,000
Subtotal	19,486,000	19,486,000	19,486,000	20,757,000	+1,271,000	+1,271,000	+1,271,000
Seriously emotionally disturbed	---	---	---	2,000,000	+2,000,000	+2,000,000	+2,000,000
Early childhood education	23,147,000	23,147,000	23,147,000	24,096,000	+949,000	+949,000	+949,000
Secondary and transitional services	7,284,000	7,284,000	7,284,000	8,500,000	+1,216,000	+1,216,000	+1,216,000
Postsecondary programs	5,770,000	5,770,000	5,770,000	8,770,000	+3,000,000	+3,000,000	+3,000,000
Innovation and development	17,026,000	17,026,000	17,026,000	21,026,000	+4,000,000	+4,000,000	+4,000,000
Media and captioning services	13,403,000	13,403,000	15,000,000	15,403,000	+2,000,000	+2,000,000	+403,000

Special education technology	4,730,000	4,730,000	4,730,000	5,500,000	+770,000	+770,000	+770,000
Special studies	3,594,000	3,594,000	3,594,000	1,000,000	-2,594,000	-2,594,000	-2,594,000
Special education personnel development	60,385,000	60,385,000	60,385,000	70,000,000	+9,615,000	+9,615,000	+9,615,000
Parent training	6,710,000	6,710,000	6,710,000	9,000,000	+2,290,000	+2,290,000	+2,290,000
Recruitment and information clearinghouses	1,135,000	1,135,000	1,135,000	1,500,000	+365,000	+365,000	+365,000
Regional resource centers	6,338,000	6,338,000	6,338,000	6,600,000	+262,000	+262,000	+262,000
Total, Education for the handicapped	1,961,288,000	2,013,827,000	2,063,827,000	2,083,776,000	+122,488,000	+69,949,000	+19,949,000
REHABILITATION SERVICES AND HANDICAPPED RESEARCH							
Rehabilitation services State grants:							
Vocational rehabilitation State grants	1,450,000,000	1,502,123,000	1,502,123,000	1,550,000,000	+100,000,000	+47,877,000	+47,877,000
Reappropriation	500,000	---	---	---	-500,000	---	---
Supported employment State grants	27,227,000	27,868,000	27,868,000	27,976,000	+749,000	+108,000	+108,000
Client assistance	7,775,000	7,959,000	7,959,000	8,000,000	+225,000	+41,000	+41,000
Subtotal, State grants	1,485,502,000	1,537,950,000	1,537,950,000	1,585,976,000	+100,474,000	+48,026,000	+48,026,000
Service and demonstration projects:							
Special demonstration program:							
Regular grants	17,200,000	16,994,000	16,994,000	17,674,000	+474,000	+680,000	+680,000
Comprehensive head injury grants	---	---	15,000,000	---	---	---	-15,000,000
Supported employment projects	9,520,000	9,406,000	9,406,000	10,000,000	+480,000	+594,000	+594,000
Model transition grants	475,000	---	---	---	-475,000	---	---
Recreational programs	2,620,000	---	2,589,000	2,620,000	---	+2,620,000	+31,000
Migratory workers	1,100,000	1,087,000	1,087,000	1,100,000	---	+13,000	+13,000
Projects with industry	17,350,000	17,142,000	17,142,000	19,000,000	+1,650,000	+1,858,000	+1,858,000
Subtotal, Service and demonstration projects	48,265,000	44,629,000	62,218,000	50,394,000	+2,129,000	+5,765,000	-11,824,000
Helen Keller National Center	4,900,000	4,841,000	4,841,000	5,000,000	+100,000	+159,000	+159,000
Independent living:							
Comprehensive services	12,678,000	12,977,000	12,977,000	13,100,000	+422,000	+123,000	+123,000
Centers	26,000,000	25,688,000	25,688,000	27,000,000	+1,000,000	+1,312,000	+1,312,000
Services for older blind	5,700,000	5,632,000	5,632,000	5,900,000	+200,000	+268,000	+268,000
Subtotal, Independent living	44,378,000	44,297,000	44,297,000	46,000,000	+1,622,000	+1,703,000	+1,703,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recom-mendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Training	30,500,000	30,134,000	30,134,000	31,500,000	+1,000,000	+1,366,000	+1,366,000
National Institute on Disability and Rehab Research	53,525,000	52,883,000	52,883,000	55,000,000	+1,475,000	+2,117,000	+2,117,000
Technology assistance	5,150,000	10,650,000	10,650,000	15,000,000	+9,850,000	+4,350,000	+4,350,000
Evaluation	1,000,000	1,000,000	1,000,000	1,000,000	---	---	---
Total, Rehabilitation services & handicapped res	1,673,220,000	1,726,384,000	1,743,973,000	1,789,870,000	+116,650,000	+63,486,000	+45,897,000
SPECIAL INSTITUTIONS FOR THE HANDICAPPED							
AMERICAN PRINTING HOUSE FOR THE BLIND	5,335,000	5,537,000	5,537,000	5,942,000	+607,000	+405,000	+405,000
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF:							
Operations	33,128,000	34,321,000	34,921,000	34,921,000	+1,793,000	+600,000	---
Endowment grants	198,000	300,000	200,000	300,000	+102,000	---	+100,000
Construction	---	932,000	432,000	532,000	+532,000	-400,000	+100,000
Consortium	---	---	---	1,800,000	+1,800,000	+1,800,000	+1,800,000
Subtotal, NTID	33,326,000	35,553,000	35,553,000	37,553,000	+4,227,000	+2,000,000	+2,000,000
GALLAUDET:							
University programs	44,688,000	46,297,000	46,297,000	46,797,000	+2,109,000	+500,000	+500,000
Model secondary school	13,087,000	13,558,000	13,558,000	13,558,000	+471,000	---	---
Kendall demonstration school	7,235,000	7,495,000	7,495,000	7,495,000	+260,000	---	---

Endowment grant	988,000	1,000,000	1,000,000	1,000,000	+12,000	---	---
Evaluation	---	500,000	---	---	---	-500,000	---
Subtotal, Gallaudet University	65,998,000	68,850,000	68,350,000	68,850,000	+2,852,000	---	+500,000
Total, Special Institutions for the Handicapped.	104,659,000	109,940,000	109,440,000	112,345,000	+7,686,000	+2,405,000	+2,905,000
VOCATIONAL AND ADULT EDUCATION							
Vocational education:							
New program; proposed legislation	---	942,239,000	---	---	---	-942,239,000	---
Basic grants	831,566,000	---	860,000,000	867,870,000	+36,304,000	+867,870,000	+7,870,000
Community - based organizations	8,892,000	---	9,200,000	12,000,000	+3,108,000	+12,000,000	+2,800,000
Consumer and homemaking education	33,118,000	---	34,300,000	35,000,000	+1,882,000	+35,000,000	+700,000
State councils	7,904,000	---	8,200,000	7,904,000	---	+7,904,000	-296,000
National program:							
Research	6,965,000	---	7,200,000	6,965,000	---	+6,965,000	-235,000
Demonstration	14,594,000	---	15,000,000	7,500,000	-7,094,000	+7,500,000	-7,500,000
Data 1/	4,446,000	---	4,439,000	5,000,000	+554,000	+5,000,000	+561,000
Subtotal, national programs	26,005,000	---	26,639,000	19,465,000	-6,540,000	+19,465,000	-7,174,000
Bilingual vocational training	3,771,000	---	3,900,000	---	-3,771,000	---	-3,900,000
Subtotal, Vocational education	911,256,000	942,239,000	942,239,000	942,239,000	+30,983,000	---	---
Adult education:							
Grants to States	136,344,000	160,665,000	180,000,000	150,000,000	+13,656,000	-10,665,000	-30,000,000
National programs	1,976,000	2,000,000	2,000,000	2,000,000	+24,000	---	---
Literacy training for homeless adults	7,094,000	10,000,000	10,000,000	5,000,000	-2,094,000	-5,000,000	-5,000,000
Workplace literacy partnerships	11,856,000	---	11,856,000	20,000,000	+8,144,000	+20,000,000	+8,144,000

1/ Includes funds for the National Occupational Information Coordinating Committees.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
English literacy grants	4,940,000	---	4,940,000	7,000,000	+2,060,000	+7,000,000	+2,060,000
Subtotal, adult education	162,210,000	172,665,000	208,796,000	184,000,000	+21,790,000	+11,335,000	-24,796,000
Total, Vocational & adult education	1,073,466,000	1,114,904,000	1,151,035,000	1,126,239,000	+52,773,000	+11,335,000	-24,796,000
STUDENT FINANCIAL ASSISTANCE							
Pell Grants	4,483,915,000	5,436,000,000	4,740,000,000	4,740,000,000	+256,085,000	-696,000,000	---
Supplemental educational opportunity grants	437,972,000	452,863,000	452,863,000	490,000,000	+52,028,000	+37,137,000	+37,137,000
Work-study	610,097,000	610,097,000	610,097,000	615,000,000	+4,903,000	+4,903,000	+4,903,000
Income contingent loans	4,940,000	20,000,000	10,000,000	10,000,000	+5,060,000	-10,000,000	---
Perkins loans:							
Federal capital contributions	183,507,000	---	137,000,000	147,000,000	-36,507,000	+147,000,000	+10,000,000
(Total loans from revolving fund) (non-add)	(898,000,000)	(751,000,000)	(888,000,000)	(898,000,000)	---	(+147,000,000)	(+10,000,000)
Loan cancellations	22,000,000	22,000,000	22,000,000	22,000,000	---	---	---
State student incentive grants	71,889,000	---	50,000,000	72,000,000	+111,000	+72,000,000	+22,000,000
Total, Student Financial Assistance	5,814,320,000	6,540,960,000	6,021,960,000	6,096,000,000	+281,680,000	-444,960,000	+74,040,000

GUARANTEED STUDENT LOANS

Guaranteed student loans 1/	4,066,828,000	3,826,314,000	3,651,000,000	3,826,314,000	-240,514,000	---	+175,314,000
Total estimated loans (non-add)	(12,118,000,000)	(13,201,000,000)	(13,201,000,000)	(13,201,000,000)	(+1,083,000,000)	---	---
HIGHER EDUCATION							
Aid for institutional development:							
Strengthening developing institutions	77,459,000	80,093,000	83,000,000	85,000,000	+7,541,000	+4,907,000	+2,000,000
Strengthening historically black colleges & univ.	73,554,000	76,055,000	85,000,000	85,000,000	+11,446,000	+8,945,000	---
Strengthening historically black grad institutions	10,868,000	11,238,000	11,238,000	12,000,000	+1,132,000	+762,000	+762,000
Endowment grants:							
Current law	12,696,000	13,128,000	23,128,000	13,128,000	+432,000	---	-10,000,000
Proposed legislation	---	10,000,000	---	---	---	-10,000,000	---
Subtotal, institutional development	174,577,000	190,514,000	202,366,000	195,128,000	+20,551,000	+4,614,000	-7,238,000
Program development:							
Fund for the Improvement of Postsec. Education	11,856,000	11,856,000	11,856,000	11,856,000	---	---	---
Mid-career teacher training	---	---	2,000,000	---	---	---	-2,000,000
Minority science improvement	5,307,000	5,487,000	5,487,000	5,487,000	+180,000	---	---
Innovative projects for community services	1,454,000	---	---	1,500,000	+46,000	+1,500,000	+1,500,000
International education and foreign language studies:							
Domestic programs 1/	25,855,000	25,114,000	35,114,000	33,614,000	+7,759,000	+8,500,000	-1,500,000
Overseas programs	5,203,000	5,203,000	5,203,000	5,203,000	---	---	---
Subtotal, international education	31,058,000	30,317,000	40,317,000	38,817,000	+7,759,000	+8,500,000	-1,500,000
Cooperative education	13,622,000	---	13,622,000	13,622,000	---	+13,622,000	---
Law school clinical experience	3,952,000	---	5,000,000	3,952,000	---	+3,952,000	-1,048,000
Student Literacy Corps	4,940,000	5,108,000	5,108,000	5,108,000	+168,000	---	---
Subtotal, Program development	72,189,000	52,768,000	83,390,000	80,342,000	+8,153,000	+27,574,000	-3,048,000
Academic facilities:							
Interest subsidy grants	22,744,000	22,744,000	22,744,000	22,744,000	---	---	---

1/ Excludes amounts related to credit reform and proposed legislation totalling $167.9 million.

1/ Includes funds for international business education

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −): 1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Special grants:							
Assistance to Guam	473,000	---	473,000	500,000	+27,000	+500,000	+27,000
Robert A. Taft Institute of Gov't (unauthorized)	709,000	---	---	---	-709,000	---	---
Subtotal, Special grants	1,182,000	---	473,000	500,000	-682,000	+500,000	+27,000
Special higher education projects:							
Urban Education Foundation	1,600,000	1,600,000	---	---	-1,600,000	-1,600,000	---
Other projects	---	---	---	5,000,000	+5,000,000	+5,000,000	+5,000,000
Aid to Students:							
Special program for disadvantaged (TRIO)	219,257,000	228,168,000	248,168,000	240,000,000	+20,743,000	+11,832,000	-8,168,000
Support services:							
Veterans' education outreach	2,838,000	---	2,838,000	2,838,000	---	+2,838,000	---
Legal training for the disadvantaged (CLEO)	1,892,000	1,956,000	2,500,000	2,000,000	+108,000	+44,000	-500,000
School, college & university partnerships	2,760,000	2,854,000	2,854,000	3,000,000	+240,000	+146,000	+146,000
Scholarships and fellowships:							
Robert C. Byrd honors scholarships	8,200,000	8,479,000	8,479,000	9,000,000	+800,000	+521,000	+521,000
National Science Scholars, proposed legislat'n	---	5,000,000	---	---	---	-5,000,000	---
Paul Douglas Teacher Scholarships	15,235,000	---	14,235,000	16,000,000	+765,000	+16,000,000	+1,765,000
Patricia Roberts Harris Fellows:							
Graduate fellowships	15,711,000	16,245,000	16,245,000	16,245,000	+534,000	---	---
Public service fellowships	3,320,000	---	3,320,000	3,320,000	---	+3,320,000	---
Jacob K. Javits Fellowships	7,904,000	5,770,000	6,770,000	8,000,000	+96,000	+2,230,000	+1,230,000
Minority participation in graduate education	3,476,000	3,594,000	3,594,000	3,594,000	+118,000	---	---

Graduate assistance in areas of national need.	12,844,000	11,945,000	17,000,000	13,000,000	+156,000	+1,055,000	-4,000,000
Subtotal, Scholarships and fellowships......	66,690,000	51,033,000	69,643,000	69,159,000	+2,469,000	+18,126,000	-484,000
Subtotal, Aid to Students..................	293,437,000	284,011,000	326,003,000	316,997,000	+23,560,000	+32,986,000	-9,006,000
Total, Higher education....................	565,729,000	551,637,000	634,976,000	620,711,000	+54,982,000	+69,074,000	-14,265,000
HOWARD UNIVERSITY							
Academic program..................................	151,357,000	156,806,000	151,806,000	151,806,000	+449,000	-5,000,000	---
Endowment grant...................................	1,482,000	2,458,000	7,458,000	1,482,000	---	-976,000	-5,976,000
Reappropriation..................................	494,000	---	---	---	-494,000	- -	---
Research..	4,730,000	4,730,000	4,730,000	4,730,000	---	---	---
Howard University Hospital..........................	20,910,000	20,910,000	20,910,000	20,910,000	---	---	---
Total, Howard University.......................	178,973,000	184,904,000	184,904,000	178,928,000	-45,000	-5,976,000	-5,976,000
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS							
LOAN LIMITATION:							
Borrowing authority.............................	29,640,000	---	30,000,000	---	-29,640,000	---	-30,000,000
Interest subsidy payments 1/......................	1,675,000	5,129,000	5,129,000	5,129,000	+3,454,000	---	---
Total, College Housing.........................	31,315,000	5,129,000	35,129,000	5,129,000	-26,186,000	---	-30,000,000
EDUCATION RESEARCH AND STATISTICS							
Education research.................................	47,079,000	50,960,000	57,010,000	55,100,000	+8,021,000	+4,140,000	-1,910,000
Statistics..	21,736,000	25,320,000	25,320,000	25,320,000	+3,584,000	---	---
National Assessment of Education Progress (NAEP)......	9,386,000	12,050,000	13,000,000	15,000,000	+5,614,000	+2,950,000	+2,000,000
Education achievement experiments....................	---	13,000,000	5,000,000	---	---	-13,000,000	-5,000,000
Total, Education research and statistics........	78,201,000	101,330,000	100,330,000	95,420,000	+17,219,000	-5,910,000	-4,910,000

1/ FY89 amounts reflect executive branch reestimate of effect of section 517 per letter of 12/12/88.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
LIBRARIES							
Proposed legislation:							
Services to the disadvantaged	---	91,000,000	---	---	---	-91,000,000	---
Resource sharing	---	45,000,000	---	---	---	-45,000,000	---
Research and assessment	---	1,200,000	---	---	---	-1,200,000	---
Subtotal, proposed legislation	---	137,200,000	---	---	---	-137,200,000	---
Public libraries:							
Services	81,009,000	---	81,009,000	84,000,000	+2,991,000	+84,000,000	+2,991,000
Construction	22,324,000	---	---	23,000,000	+676,000	+23,000,000	+23,000,000
Interlibrary cooperation	19,102,000	---	19,102,000	20,000,000	+898,000	+20,000,000	+898,000
Training and demonstrations	709,000	---	709,000	1,000,000	+291,000	+1,000,000	+291,000
Research libraries	5,675,000	---	5,675,000	5,800,000	+125,000	+5,800,000	+125,000
Library literacy programs	4,730,000	---	4,730,000	6,000,000	+1,270,000	+6,000,000	+1,270,000
College library technology	3,651,000	---	3,651,000	3,812,000	+161,000	+3,812,000	+161,000
Total, Libraries	137,200,000	137,200,000	114,876,000	143,612,000	+6,412,000	+6,412,000	+28,736,000
DEPARTMENTAL MANAGEMENT							
PROGRAM ADMINISTRATION 1/	250,464,000	279,446,000	269,946,000	282,446,000	+31,982,000	+3,000,000	+12,500,000
OFFICE FOR CIVIL RIGHTS, SALARIES AND EXPENSES	41,635,000	45,178,000	45,178,000	45,178,000	+3,543,000	---	---

OFFICE OF THE INSPECTOR GENERAL, SALARIES AND EXPENSES	18,619,000	22,000,000	22,000,000	23,381,000	+4,762,000	+1,381,000	+1,381,000
Total, Departmental management..................	310,718,000	346,624,000	337,124,000	351,005,000	+40,287,000	+4,381,000	+13,881,000
Total, Department of Education..................	22,706,636,000	23,817,385,000	23,833,191,000	23,715,136,000	+1,008,300,000	-102,249,000	-118,055,000
(Unauthorized, not considered)................	(15,808,000)	(16,345,000)	DEFER	---	(-15,808,000)	(-16,345,000)	---
Total, authorized and unauthorized.............	(22,722,644,000)	(23,833,730,000)	(23,833,191,000)	(23,715,136,000)	(+992,492,000)	(-118,594,000)	(-118,055,000)
TITLE IV - RELATED AGENCIES							
Action (Domestic Programs):							
Volunteers in Service to America:							
VISTA operations................................	(21,647,000)	(23,615,000)	DEFER	(23,615,000)	(+1,968,000)	---	(+23,615,000)
VISTA Literacy Corps............................	(2,838,000)	---	DEFER	(3,096,000)	(+258,000)	(+3,096,000)	(+3,096,000)
Student Community Service.......................	(1,352,000)	(1,352,000)	DEFER	(906,000)	(-446,000)	(-446,000)	(+906,000)
Subtotal....................................	(25,837,000)	(24,967,000)	DEFER	(27,617,000)	(+1,780,000)	(+2,650,000)	(+27,617,000)
Citizen Participation and Volunteer Demonstration Programs..	(4,450,000)	(2,650,000)	DEFER	(1,600,000)	(-2,850,000)	(-1,050,000)	(+1,600,000)
Older Americans Volunteer Programs:							
Foster Grandparents Program....................	(58,928,000)	(58,928,000)	DEFER	(62,000,000)	(+3,072,000)	(+3,072,000)	(+62,000,000)
Senior Companion Program.......................	(25,135,000)	(25,135,000)	DEFER	(29,000,000)	(+3,865,000)	(+3,865,000)	(+29,000,000)
Retired Senior Volunteer Program...............	(30,862,000)	(30,862,000)	DEFER	(33,000,000)	(+2,138,000)	(+2,138,000)	(+33,000,000)
Subtotal, Older Volunteers..................	(114,925,000)	(114,925,000)	DEFER	(124,000,000)	(+9,075,000)	(+9,075,000)	(+124,000,000)
Program Support................................	(25,208,000)	(27,875,000)	DEFER	(27,875,000)	(+2,667,000)	---	(+27,875,000)
Total, Action (unauthorized, deferred by House).	(170,420,000)	(170,417,000)	DEFER	(181,092,000)	(+10,672,000)	(+10,675,000)	(+181,092,000)
Commission on Railroad Retirement Reform..............	988,000	---	---	---	-988,000	---	---

1/ An additional $3 million is proposed for later transmittal.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990–Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Corporation for Public Broadcasting: 1/							
FY 1992 (current request)	242,060,000	242,060,000	242,060,000	260,000,000	+17,940,000	+17,940,000	+17,940,000
Satellite replacement	56,810,000	---	72,000,000	80,500,000	+23,690,000	+80,500,000	+8,500,000
Subtotal, Corporation for Public Broadcasting	298,870,000	242,060,000	314,060,000	340,500,000	+41,630,000	+98,440,000	+26,440,000
Federal Mediation and Conciliation Service	25,813,000	25,190,000	26,380,000	27,190,000	+1,377,000	+2,000,000	+810,000
Federal Mine Safety and Health Review Commission	4,030,000	4,005,000	4,030,000	4,030,000	---	+25,000	---
National Commission on Children	790,000	---	940,000	940,000	+150,000	+940,000	---
National Commission on Financing Postsecondary Education	790,000	-	---	---	-790,000	---	---
National Commission on Libraries and Information Science	741,000	770,000	750,000	770,000	+29,000	---	+20,000
National Commission on Migrant Education	1,976,000	---	---	---	-1,976,000	---	---
National Commission to Prevent Infant Mortality	494,000	---	400,000	400,000	-94,000	+400,000	---
National Council on Disability	1,160,000	1,157,000	1,157,000	2,160,000	+1,000,000	+1,003,000	+1,003,000
National Labor Relations Board	136,983,000	140,111,000	140,111,000	140,111,000	+3,128,000	---	---
National Mediation Board	6,472,000	6,384,000	6,384,000	6,384,000	-88,000	---	---
Occupational Safety and Health Review Commission	5,845,000	5,970,000	5,970,000	5,970,000	+125,000	---	---
Physician Payment Review Commission (trust funds)	(2,897,000)	(3,722,000)	(3,847,000)	(3,722,000)	(+825,000)	---	(-125,000)
Prescription Drug Payment Review Commission	---	(2,086,000)	(1,500,000)	(1,500,000)	(+1,500,000)	(-586,000)	---
(By transfer, trust funds)	(250,000)	---	---	---	(-250,000)	---	---
Prospective Payment Assessment Commission (trust funds)	(3,495,000)	(3,794,000)	(3,919,000)	(3,794,000)	(+299,000)	---	(-125,000)

Railroad Retirement Board:							
Dual benefits payments account 1/.................	350,897,000	333,000,000	340,000,000	340,000,000	-10,897,000	+7,000,000	---
Less income tax receipts on dual benefits.........	-30,157,000	-30,000,000	-30,000,000	-30,000,000	+157,000	---	---
Subtotal, dual benefits........................	320,740,000	303,000,000	310,000,000	310,000,000	-10,740,000	+7,000,000	---
Federal payment to the Railroad Retirement Account	3,100,000	---	---	---	-3,100,000	---	---
(Limitation on administration, retirement)........	(59,626,000)	(60,550,000)	(63,900,000)	(67,451,000)	(+7,825,000)	(+6,901,000)	(+3,551,000)
(Limitation on administration, unemployment) (non-add)....................................	(13,950,000)	(13,450,000)	(14,100,000)	(14,964,000)	(+1,014,000)	(+1,514,000)	(+864,000)
(Limitation on administration, review activity)...	(3,213,000)	(4,000,000)	(3,545,000)	(4,150,000)	(+937,000)	(+150,000)	(+605,000)
Soldiers' and Airmen's Home (trust fund limitation):							
Operation and maintenance........................	37,248,000	37,573,000	39,000,000	39,573,000	+2,325,000	+2,000,000	+573,000
Capital outlay..................................	14,820,000	8,500,000	8,500,000	10,250,000	-4,570,000	+1,750,000	+1,750,000
United States Bipartisan Commission on Comprehensive Health care..........................	1,033,000	---	467,000	467,000	-566,000	+467,000	---
National Commission on Acquired Immune Deficiency Syndrome...	---	---	---	1,000,000	+1,000,000	+1,000,000	+1,000,000
United States Institute of Peace.....................	6,916,000	6,916,000	6,916,000	7,800,000	+884,000	+884,000	+884,000
White House Conference on Library and Information Services...	1,750,000	---	---	3,250,000	+1,500,000	+3,250,000	+3,250,000
Total, title IV, Related Agencies:							
Federal Funds (all years)..................	870,559,000	781,636,000	865,065,000	900,795,000	+30,236,000	+119,159,000	+35,730,000
Current year............................	(571,689,000)	(539,576,000)	(551,005,000)	(560,295,000)	(-11,394,000)	(+20,719,000)	(+9,290,000)
Appropriations, 1992...................	(298,870,000)	(242,060,000)	(314,060,000)	(340,500,000)	(+41,630,000)	(+98,440,000)	(+26,440,000)
(Unauthorized, not considered by House).....	(170,420,000)	(170,417,000)	DEFER	(181,092,000)	(+10,672,000)	(+10,675,000)	(+181,092,000)
Total, authorized and unauthorized..............	(1,040,979,000)	(952,053,000)	(865,065,000)	(1,081,887,000)	(+40,903,000)	(+129,834,000)	(+216,822,000)
Trust funds................................	(69,231,000)	(74,152,000)	(76,711,000)	(80,617,000)	(+11,386,000)	(+6,465,000)	(+3,906,000)

1/ FY 1989 approp. adv. in FY87 is $228 million.
FY 1990 approp. adv. in FY88 is $232,648,000.
FY 1991 approp. adv. in FY89 is $298,870,000.

1/ Legislation will be proposed to fund $83,250,000
of this amount from the Railroad Retirement account

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recom-mendation (5)	Senate committee recommendation compared with (+ or –)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
SUMMARY							
Title I - Department of Labor:							
Federal Funds	6,556,443,000	6,575,107,000	6,713,077,000	6,758,228,000	+201,785,000	+183,121,000	+45,151,000
Trust Funds	(2,777,832,000)	(2,782,510,000)	(2,880,510,000)	(2,930,110,000)	(+152,278,000)	(+147,600,000)	(+49,600,000)
Title II - Department of Health and Human Services:							
Federal Funds (all years)	111,658,645,000	122,174,178,000	123,780,188,000	123,935,216,000	+12,276,571,000	+1,761,038,000	+155,028,000
Current year	(96,811,645,000)	(105,402,178,000)	(107,008,188,000)	(107,163,216,000)	(+10,351,571,000)	(+1,761,038,000)	(+155,028,000)
1991 advance	(14,847,000,000)	(16,772,000,000)	(16,772,000,000)	(16,772,000,000)	(+1,925,000,000)	---	---
(Unauthorized, not considered by House)	(583,551,000)	(470,211,000)	DEFER	(1,908,761,000)	(+1,325,210,000)	(+1,438,550,000)	(+1,908,761,000)
Trust Funds	(5,612,155,000)	(5,842,099,000)	(5,921,086,000)	(5,854,099,000)	(+241,944,000)	(+12,000,000)	(-66,987,000)
Title III - Department of Education:							
Federal Funds	22,706,836,000	23,817,385,000	23,833,191,000	23,715,136,000	+1,008,300,000	-102,249,000	-118,055,000
(Unauthorized, not considered by House)	(15,808,000)	(16,345,000)	DEFER	---	(-15,808,000)	(-16,345,000)	---
Title IV - Related Agencies:							
Federal Funds (all years)	870,559,000	781,636,000	865,065,000	900,795,000	+30,236,000	+119,159,000	+35,730,000

Current year	(571,689,000)	(539,576,000)	(551,005,000)	(560,295,000)	(-11,394,000)	(+20,719,000)	(+9,290,000)
1992 advance	(298,870,000)	(242,060,000)	(314,060,000)	(340,500,000)	(+41,630,000)	(+98,440,000)	(+26,440,000)
(Unauthorized, not considered by House)	(170,420,000)	(170,417,000)	DEFER	(181,092,000)	(+10,672,000)	(+10,675,000)	(+181,092,000)
Trust Funds	(69,231,000)	(74,152,000)	(76,711,000)	(80,617,000)	(+11,386,000)	(+6,465,000)	(+3,906,000)
Total, all titles:							
Federal Funds (all years)	141,792,483,000	153,348,306,000	155,191,521,000	155,309,375,000	+13,516,892,000	+1,961,069,000	+117,854,000
Current year	(126,646,613,000)	(136,334,246,000)	(138,105,461,000)	(138,196,875,000)	(+11,550,262,000)	(+1,862,629,000)	(+91,414,000)
1991 advance	(14,847,000,000)	(16,772,000,000)	(16,772,000,000)	(16,772,000,000)	(+1,925,000,000)	---	---
1992 advance	(298,870,000)	(242,060,000)	(314,060,000)	(340,500,000)	(+41,630,000)	(+98,440,000)	(+26,440,000)
(Unauthorized, not considered by House)	(769,779,000)	(656,973,000)	DEFER	(2,089,853,000)	(+1,320,074,000)	(+1,432,880,000)	(+2,089,853,000)
Total, authorized and unauthorized	(142,562,262,000)	(154,005,279,000)	(155,191,521,000)	(157,399,228,000)	(+14,836,966,000)	(+3,393,949,000)	(+2,207,707,000)
Trust Funds	(8,459,218,000)	(8,698,761,000)	(8,878,307,000)	(8,864,826,000)	(+405,608,000)	(+166,065,000)	(-13,481,000)

PRIORITY DISEASE CONTROL AND RESEARCH
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) 1/
(NON-ADD)

Health Resources and Services Administration:							
Training of health personnel	(14,640,000)	(14,820,000)	(14,820,000)	(14,820,000)	(+180,000)	---	---
Facilities renovation grants (1610 (b))	(3,903,000)	(3,952,000)	(4,300,000)	(4,500,000)	(+597,000)	(+548,000)	(+200,000)
Pediatric health care demonstrations	(7,806,000)	(7,904,000)	(15,000,000)	(15,000,000)	(+7,194,000)	(+7,096,000)	---
Adult health care demonstrations	(14,692,000)	(14,875,000)	(20,000,000)	(14,875,000)	(+183,000)	---	(-5,125,000)

1/ President's budget proposes a consolidated account for AIDS shown here for comparison purposes excluding funds for FDA and IHS.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1989 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1990—Continued

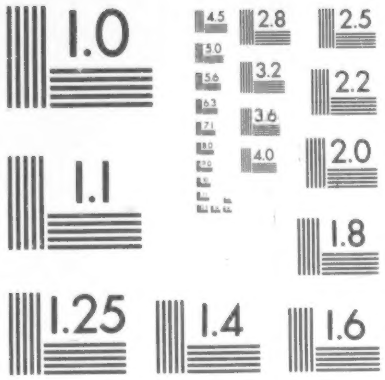
[Amounts in dollars]

Item (1)	1989 appropriation (2)	Budget estimate (3)	House allowance (4)	Committee recommendation (5)	Senate committee recommendation compared with (+ or −)		
					1989 appropriation (6)	Budget estimate (7)	House allowance (8)
Adult health care planning grants	(3,904,000)	(3,952,000)	(3,952,000)	(3,952,000)	(+48,000)	---	---
AIDS-related drugs	(15,000,000)	---	---	(30,000,000)	(+15,000,000)	(+30,000,000)	(+30,000,000)
Community health care services	---	(10,921,000)	(10,921,000)	(20,877,000)	(+20,877,000)	(+9,956,000)	(+9,956,000)
Home health services	---	---	---	(50,000,000)	(+50,000,000)	(+50,000,000)	(+50,000,000)
Subacute care	---	---	---	(5,000,000)	(+5,000,000)	(+5,000,000)	(+5,000,000)
Transfer for consolidated administration	(-2,774,000)	(-3,740,000)	(-4,000,000)	(-5,700,000)	(-2,926,000)	(-1,960,000)	(-1,700,000)
Subtotal, HRSA	(57,171,000)	(52,684,000)	(64,993,000)	(153,324,000)	(+96,153,000)	(+100,640,000)	(+88,331,000)
Centers for Disease Control:							
Epidemiology/surveillance	(112,619,000)	(151,875,000)	(140,825,000)	(130,325,000)	(+17,706,000)	(-21,550,000)	(-10,500,000)
Information/education	(157,736,000)	(195,830,000)	(195,830,000)	(195,830,000)	(+38,094,000)	---	---
Testing/counseling	(100,322,000)	(119,402,000)	(119,402,000)	(119,402,000)	(+19,080,000)	---	---
Other	(6,915,000)	(6,915,000)	(6,915,000)	(6,915,000)	---	---	---
Subtotal, CDC	(377,592,000)	(474,022,000)	(462,972,000)	(452,472,000)	(+74,880,000)	(-21,550,000)	(-10,500,000)
National Institutes of Health:							
National Cancer Institute	(122,247,000)	(151,332,000)	(151,332,000)	(153,322,200)	(+31,075,200)	(+1,990,200)	(+1,990,200)
National Heart, Lung, and Blood Institute	(38,088,000)	(42,651,000)	(42,651,000)	(42,084,000)	(+3,996,000)	(-567,000)	(-567,000)
National Institute of Dental Research	(3,441,000)	(4,269,000)	(4,269,000)	(4,212,000)	(+771,000)	(-57,000)	(-57,000)
National Institute of Diabetes, Digestive, and Kidney Diseases	(3,562,000)	(5,394,000)	(5,394,000)	(5,322,000)	(+1,760,000)	(-72,000)	(-72,000)
National Institute of Neurological Disorders and Stroke	(13,069,000)	(16,374,000)	(16,374,000)	(16,156,000)	(+3,087,000)	(-218,000)	(-218,000)

National Institute of Allergy and Infectious Diseases	(311,277,000)	(400,116,000)	(400,116,000)	(400,800,800)	(+89,523,800)	(+684,800)	(+684,800)
National Institute of General Medical Sciences	(10,831,000)	(14,916,000)	(14,916,000)	(14,718,000)	(+3,887,000)	(-198,000)	(-198,000)
National Institute of Child Health and Human Development	(21,900,000)	(27,129,000)	(27,129,000)	(26,769,000)	(+4,869,000)	(-360,000)	(-360,000)
National Eye Institute	(4,828,000)	(5,697,000)	(5,697,000)	(5,621,000)	(+793,000)	(-76,000)	(-76,000)
National Institute of Environmental Health Sciences	(4,132,000)	(4,377,000)	(4,377,000)	(4,319,000)	(+187,000)	(-58,000)	(-58,000)
National Institute on Aging	(443,000)	(870,000)	(870,000)	(858,000)	(+415,000)	(-12,000)	(-12,000)
National Institute of Arthritis and Musculoskeletal and Skin Diseases	(673,000)	(1,254,000)	(1,254,000)	(1,237,000)	(+564,000)	(-17,000)	(-17,000)
Research Resources	(43,729,000)	(44,643,000)	(44,643,000)	(44,050,000)	(+321,000)	(-593,000)	(-593,000)
National Center for Nursing Research	(693,000)	(999,000)	(999,000)	(986,000)	(+293,000)	(-13,000)	(-13,000)
John E. Fogarty International Center	(4,621,000)	(4,910,000)	(4,910,000)	(4,845,000)	(+224,000)	(-65,000)	(-65,000)
National Library of Medicine	---	(500,000)	(500,000)	(493,000)	(+493,000)	(-7,000)	(-7,000)
Office of the Director	(12,882,000)	(12,339,000)	(12,339,000)	(12,175,000)	(-707,000)	(-164,000)	(-164,000)
Buildings and facilities	(4,900,000)	(14,900,000)	(14,900,000)	(14,702,000)	(+9,802,000)	(-198,000)	(-198,000)
Subtotal, NIH	(601,316,000)	(752,670,000)	(752,670,000)	(752,670,000)	(+151,354,000)	---	---
Alcohol, Drug Abuse & Mental Health Administration:							
Mental Health	(48,373,000)	(69,295,000)	(59,295,000)	(69,295,000)	(+20,922,000)	---	(+10,000,000)
Drug Abuse	(118,833,000)	(139,984,000)	(139,984,000)	(139,984,000)	(+21,151,000)	---	---
Alcoholism	(6,130,000)	(8,324,000)	(8,324,000)	(8,324,000)	(+2,194,000)	---	---
Subtotal, ADAMHA	(173,336,000)	(217,603,000)	(207,603,000)	(217,603,000)	(+44,267,000)	---	(+10,000,000)
Office of the Assistant Secretary for Health	(13,270,000)	(16,348,000)	(16,348,000)	(16,348,000)	(+3,078,000)	---	---
Contingency Reserve	---	(25,000,000)	(25,000,000)	---	---	(-25,000,000)	(-25,000,000)
Total, Priority disease control and research (AIDS) 1/	(1,222,685,000)	(1,538,327,000)	(1,529,586,000)	(1,592,417,000)	(+369,732,000)	(+54,090,000)	(+62,831,000)

1/ Total excludes $57,935,000 proposed for FDA and IHS in 1990 considered by other Subcommittees. Consolidated request is $1,600,000,000.

CENTIMETERS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